



# House of Representatives

General Assembly

**File No. 535**

February Session, 2016

Substitute House Bill No. 5537

*House of Representatives, April 7, 2016*

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

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

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

1 Section 1. Subparagraph (D) of subdivision (8) of section 19a-177 of  
2 the 2016 supplement to the general statutes is repealed and the  
3 following is substituted in lieu thereof (*Effective from passage*):

4 (D) The commissioner shall collect the data required by  
5 subparagraph (A) of this subdivision, in the manner provided in said  
6 subparagraph, from each emergency medical service organization  
7 licensed or certified pursuant to chapter [386d] 368d. Any such  
8 emergency medical service organization that fails to comply with the  
9 provisions of this section shall be liable for a civil penalty not to exceed  
10 one hundred dollars per day for each failure to report the required  
11 data regarding emergency medical services provided to a patient, as  
12 determined by the commissioner. The civil penalties set forth in this  
13 subparagraph shall be assessed only after the department provides a  
14 written notice of deficiency and the organization is afforded the

15 opportunity to respond to such notice. An organization shall have not  
16 more than fifteen business days after the date of receiving such notice  
17 to provide a written response to the department. The commissioner  
18 may adopt regulations, in accordance with chapter 54, concerning the  
19 development, implementation, monitoring and collection of  
20 emergency medical service system data. All state agencies licensed or  
21 certified as emergency medical service organizations shall be exempt  
22 from the civil penalties set forth in this subparagraph;

23       Sec. 2. Section 20-266p of the general statutes is repealed and the  
24 following is substituted in lieu thereof (*Effective October 1, 2016*):

25       On and after July 1, 2014, no person shall: (1) Buy, sell or  
26 fraudulently obtain or furnish any diploma, certificate, license, record  
27 or registration purporting to show that any person is qualified or  
28 authorized to practice tattooing, as provided in section 20-266o, or  
29 participate in buying, selling, fraudulently obtaining or furnishing any  
30 such document; (2) practice or attempt or offer to practice tattooing  
31 under cover of any diploma, certificate, license, record or registration  
32 illegally or fraudulently obtained or signed, or issued unlawfully or  
33 under fraudulent representation or mistake of fact in a material regard;  
34 (3) practice or attempt or offer to practice tattooing under a name other  
35 than such person's own name or under a false or assumed name; (4)  
36 aid or abet practice by a person not lawfully licensed to practice  
37 tattooing within this state or by a person whose license to practice has  
38 been suspended or revoked; (5) use in such person's advertising the  
39 word "tattoo", "tattooing" or any description of services involving  
40 marking or coloring, in an indelible manner, the skin of any person,  
41 without having obtained a license under the provisions of section 20-  
42 266o; [or] (6) practice tattooing on a person who is an unemancipated  
43 minor under eighteen years of age without the permission of such  
44 person's parent or guardian; or (7) engage in the practice of tattooing  
45 without having obtained a license or temporary permit under the  
46 provisions of section 20-266o. No person shall, during the time such  
47 person's license as a tattoo technician is revoked or suspended, practice  
48 or attempt or offer or advertise to practice tattooing or be employed

49 by, work with or assist, in any way, any person licensed to practice  
50 tattooing. Any person who violates any provision of this section shall  
51 be guilty of a class D misdemeanor.

52 Sec. 3. Subdivision (1) of subsection (a) of section 19a-12e of the 2016  
53 supplement to the general statutes is repealed and the following is  
54 substituted in lieu thereof (*Effective October 1, 2016*):

55 (1) "Health care professional" means any person licensed or who  
56 holds a permit pursuant to chapter 370, 372, 373, 375 to 378, inclusive,  
57 379 to 381a, inclusive, 383 to 385, inclusive, 398 or 399;

58 Sec. 4. (NEW) (*Effective October 1, 2016*) A substance abuse treatment  
59 facility licensed as an institution pursuant to section 19a-490 of the  
60 general statutes, as amended by this act, and providing medication  
61 assisted treatment for opioid addiction shall be permitted to provide  
62 methadone delivery and related substance use treatment services to  
63 persons in a nursing home facility licensed pursuant to section 19a-493  
64 of the general statutes. The Department of Public Health may allow the  
65 delivery of methadone and related substance use treatment services to  
66 a nursing home facility if the Commissioner of Public Health  
67 determines that such delivery would not endanger the health, safety or  
68 welfare of any patient. No such delivery shall be conducted unless a  
69 substance abuse treatment facility proposing the delivery of  
70 methadone and related substance use treatment services has made a  
71 request for such delivery in a form and manner prescribed by the  
72 commissioner and the commissioner has approved such request. Upon  
73 approving a request, the commissioner may impose conditions that  
74 assure the health, safety or welfare of any patient. The commissioner  
75 may revoke the approval of a request upon a finding that the health,  
76 safety or welfare of any patient has been jeopardized.

77 Sec. 5. Section 19a-490 of the 2016 supplement to the general statutes  
78 is repealed and the following is substituted in lieu thereof (*Effective*  
79 *October 1, 2016*):

80 As used in this chapter and sections 17b-261e, 38a-498b and 38a-

81 525b:

82 (a) "Institution" means a hospital, short-term hospital special  
83 hospice, hospice inpatient facility, residential care home, health care  
84 facility for the handicapped, nursing home facility, [rest home,] home  
85 health care agency, homemaker-home health aide agency, [mental]  
86 behavioral health facility, assisted living services agency, substance  
87 abuse treatment facility, outpatient surgical facility, outpatient clinic,  
88 an infirmary operated by an educational institution for the care of  
89 students enrolled in, and faculty and employees of, such institution; a  
90 facility engaged in providing services for the prevention, diagnosis,  
91 treatment or care of human health conditions, including facilities  
92 operated and maintained by any state agency, except facilities for the  
93 care or treatment of mentally ill persons or persons with substance  
94 abuse problems; and a residential facility for persons with intellectual  
95 disability licensed pursuant to section 17a-227 and certified to  
96 participate in the Title XIX Medicaid program as an intermediate care  
97 facility for individuals with intellectual disability;

98 (b) "Hospital" means an establishment for the lodging, care and  
99 treatment of persons suffering from disease or other abnormal physical  
100 or mental conditions and includes inpatient psychiatric services in  
101 general hospitals;

102 (c) "Residential care home" [, "nursing home"] or "rest home" means  
103 [an establishment] a community residence that furnishes, in single or  
104 multiple facilities, food and shelter to two or more persons unrelated  
105 to the proprietor and, in addition, provides services that meet a need  
106 beyond the basic provisions of food, shelter and laundry and may  
107 qualify as a setting that allows residents to receive home and  
108 community-based services funded by state and federal programs;

109 (d) "Home health care agency" means a public or private  
110 organization, or a subdivision thereof, engaged in providing  
111 professional nursing services and the following services, available  
112 twenty-four hours per day, in the patient's home or a substantially  
113 equivalent environment: Homemaker-home health aide services as

114 defined in this section, physical therapy, speech therapy, occupational  
115 therapy or medical social services. The agency shall provide  
116 professional nursing services and at least one additional service  
117 directly and all others directly or through contract. An agency shall be  
118 available to enroll new patients seven days a week, twenty-four hours  
119 per day;

120 (e) "Homemaker-home health aide agency" means a public or  
121 private organization, except a home health care agency, which  
122 provides in the patient's home or a substantially equivalent  
123 environment supportive services which may include, but are not  
124 limited to, assistance with personal hygiene, dressing, feeding and  
125 incidental household tasks essential to achieving adequate household  
126 and family management. Such supportive services shall be provided  
127 under the supervision of a registered nurse and, if such nurse  
128 determines appropriate, shall be provided by a social worker, physical  
129 therapist, speech therapist or occupational therapist. Such supervision  
130 may be provided directly or through contract;

131 (f) "Homemaker-home health aide services" as defined in this  
132 section shall not include services provided to assist individuals with  
133 activities of daily living when such individuals have a disease or  
134 condition that is chronic and stable as determined by a physician  
135 licensed in the state of Connecticut;

136 (g) ["Mental health facility"] "Behavioral health facility" means any  
137 facility [for the care or treatment of mentally ill or emotionally  
138 disturbed persons, or any mental health outpatient treatment facility  
139 that provides treatment to persons sixteen years of age or older who  
140 are receiving services from the Department of Mental Health and  
141 Addiction Services, but does not include family care homes for the  
142 mentally ill] that provides mental health services to persons eighteen  
143 years of age or older or substance use disorder services to persons of  
144 any age in an outpatient treatment or residential setting to ameliorate  
145 mental, emotional, behavioral or substance use disorder issues;

146 (h) "Alcohol or drug treatment facility" means any facility for the

147 care or treatment of persons suffering from alcoholism or other drug  
148 addiction;

149 (i) "Person" means any individual, firm, partnership, corporation,  
150 limited liability company or association;

151 (j) "Commissioner" means the Commissioner of Public Health or the  
152 commissioner's designee;

153 (k) "Home health agency" means an agency licensed as a home  
154 health care agency or a homemaker-home health aide agency;

155 (l) "Assisted living services agency" means an agency that provides,  
156 among other things, nursing services and assistance with activities of  
157 daily living to a population that is chronic and stable;

158 (m) "Outpatient clinic" means an organization operated by a  
159 municipality or a corporation, other than a hospital, that provides (1)  
160 ambulatory medical care, including preventive and health promotion  
161 services, (2) dental care, or (3) mental health services in conjunction  
162 with medical or dental care for the purpose of diagnosing or treating a  
163 health condition that does not require the patient's overnight care;  
164 [and]

165 (n) "Multicare institution" means a hospital, psychiatric outpatient  
166 clinic for adults, free-standing facility for the care or treatment of  
167 substance abusive or dependent persons, hospital for psychiatric  
168 disabilities, as defined in section 17a-495, or a general acute care  
169 hospital that provides outpatient behavioral health services that (1) is  
170 licensed in accordance with this chapter, (2) has more than one facility  
171 or one or more satellite units owned and operated by a single licensee,  
172 and (3) offers complex patient health care services at each facility or  
173 satellite unit; [.] and

174 (o) "Nursing home" or "nursing home facility" means (1) any chronic  
175 and convalescent nursing home or any rest home with nursing  
176 supervision that provides nursing supervision under a medical  
177 director twenty-four hours per day, or (2) any chronic and

178 convalescent nursing home that provides skilled nursing care under  
179 medical supervision and direction to carry out nonsurgical treatment  
180 and dietary procedures for chronic diseases, convalescent stages, acute  
181 diseases or injuries.

182 Sec. 6. Section 19a-541 of the general statutes is repealed and the  
183 following is substituted in lieu thereof (*Effective October 1, 2016*):

184 As used in this section and sections 19a-542 to 19a-549, inclusive,  
185 unless the context otherwise requires:

186 (1) "Nursing home facility" has the same meaning as provided in  
187 section [19a-521] 19a-490, as amended by this act;

188 (2) "Emergency" means a situation, physical condition or one or  
189 more practices, methods or operations that presents imminent danger  
190 of death or serious physical or mental harm to residents of a nursing  
191 home facility;

192 (3) "Transfer trauma" means the medical and psychological  
193 reactions to physical transfer that increase the risk of death or grave  
194 illness, or both, in elderly persons;

195 (4) "Substantial violation" means a violation of law that presents a  
196 reasonable likelihood of serious physical or mental harm to residents  
197 of a nursing home facility or residential care home; and

198 (5) "Residential care home" has the same meaning as provided in  
199 section [19a-521] 19a-490, as amended by this act.

200 Sec. 7. Section 19a-521 of the general statutes is repealed and the  
201 following is substituted in lieu thereof (*Effective October 1, 2016*):

202 As used in this section and sections 19a-522 to 19a-534a, inclusive,  
203 19a-536 to 19a-539, inclusive, 19a-550 to 19a-554, inclusive, and 19a-  
204 562a, unless the context otherwise requires:

205 (1) "Nursing home facility" [means any nursing home or any rest  
206 home with nursing supervision that provides nursing supervision

207 under a medical director twenty-four hours per day, or any chronic  
208 and convalescent nursing home that provides skilled nursing care  
209 under medical supervision and direction to carry out nonsurgical  
210 treatment and dietary procedures for chronic diseases, convalescent  
211 stages, acute diseases or injuries] has the same meaning as provided in  
212 section 19a-490, as amended by this act;

213 (2) "Department" means the Department of Public Health;

214 (3) "Commissioner" means the Commissioner of Public Health or  
215 the commissioner's designated representative; and

216 (4) "Residential care home" [means an establishment that furnishes,  
217 in single or multiple facilities, food and shelter to two or more persons  
218 unrelated to the proprietor and, in addition, provides services that  
219 meet a need beyond the basic provisions of food, shelter and laundry]  
220 has the same meaning as provided in section 19a-490, as amended by  
221 this act.

222 Sec. 8. Subsection (h) of section 1 of special act 14-5, as amended by  
223 section 67 of public act 14-231, is amended to read as follows (*Effective*  
224 *from passage*):

225 (h) Any pilot program established in accordance with this section  
226 shall terminate not later than [October 1, 2016] October 2, 2017.

227 Sec. 9. Section 20-123b of the 2016 supplement to the general statutes  
228 is amended by adding subsection (e) as follows (*Effective October 1,*  
229 *2016*):

230 (NEW) (e) The commissioner may deny or revoke a permit based on  
231 disciplinary action taken against a dentist pursuant to the provisions of  
232 section 20-114, as amended by this act.

233 Sec. 10. Subsection (b) of section 20-126c of the 2016 supplement to  
234 the general statutes is repealed and the following is substituted in lieu  
235 thereof (*Effective October 1, 2016*):



236 (b) Except as otherwise provided in this section, a licensee applying  
237 for license renewal shall earn a minimum of twenty-five contact hours  
238 of continuing education within the preceding twenty-four-month  
239 period. Such continuing education shall (1) be in an area of the  
240 licensee's practice; (2) reflect the professional needs of the licensee in  
241 order to meet the health care needs of the public; and (3) include not  
242 less than one contact hour of training or education in (A) any [four]  
243 three of the ten mandatory topics for continuing education activities  
244 prescribed by the commissioner pursuant to this subdivision, [and] (B)  
245 infection control in a dental setting, and (C) prescribing controlled  
246 substances and pain management. For registration periods beginning  
247 on and after October 1, 2011, the Commissioner of Public Health, in  
248 consultation with the Dental Commission, shall on or before October 1,  
249 2010, and biennially thereafter, issue a list that includes ten mandatory  
250 topics for continuing education activities that will be required for the  
251 following two-year registration period. Qualifying continuing  
252 education activities include, but are not limited to, courses, including  
253 on-line courses, offered or approved by the American Dental  
254 Association or state, district or local dental associations and societies  
255 affiliated with the American Dental Association; national, state, district  
256 or local dental specialty organizations or the American Academy of  
257 General Dentistry; a hospital or other health care institution; dental  
258 schools and other schools of higher education accredited or recognized  
259 by the Council on Dental Accreditation or a regional accrediting  
260 organization; agencies or businesses whose programs are accredited or  
261 recognized by the Council on Dental Accreditation; local, state or  
262 national medical associations; a state or local health department; or the  
263 Accreditation Council for Graduate Medical Education. Eight hours of  
264 volunteer dental practice at a public health facility, as defined in  
265 section 20-126l, as amended by this act, may be substituted for one  
266 contact hour of continuing education, up to a maximum of ten contact  
267 hours in one twenty-four-month period.

268 Sec. 11. Subsection (g) of section 20-126l of the general statutes is  
269 repealed and the following is substituted in lieu thereof (*Effective*  
270 *October 1, 2016*):

271 (g) Each licensed dental hygienist applying for license renewal shall  
272 earn a minimum of sixteen hours of continuing education within the  
273 preceding twenty-four-month period, including, but not limited to, at  
274 least one hour of training or education in infection control in a dental  
275 setting. The subject matter for continuing education shall reflect the  
276 professional needs of the licensee in order to meet the health care  
277 needs of the public. Continuing education activities shall provide  
278 significant theoretical or practical content directly related to clinical or  
279 scientific aspects of dental hygiene. Qualifying continuing education  
280 activities include, but are not limited to, courses, including on-line  
281 courses, that are offered or approved by dental schools and other  
282 institutions of higher education that are accredited or recognized by  
283 the Council on Dental Accreditation, a regional accrediting  
284 organization, the American Dental Association, a state, district or local  
285 dental association or society affiliated with the American Dental  
286 Association, the National Dental Association, the American Dental  
287 Hygienists Association or a state, district or local dental hygiene  
288 association or society affiliated with the American Dental Hygienists  
289 Association, the Academy of General Dentistry, the Academy of  
290 Dental Hygiene, the American Red Cross or the American Heart  
291 Association when sponsoring programs in cardiopulmonary  
292 resuscitation or cardiac life support, the United States Department of  
293 Veterans Affairs and armed forces of the United States when  
294 conducting programs at United States governmental facilities, a  
295 hospital or other health care institution, agencies or businesses whose  
296 programs are accredited or recognized by the Council on Dental  
297 Accreditation, local, state or national medical associations, or a state or  
298 local health department. Eight hours of volunteer dental practice at a  
299 public health facility, as defined in subsection (a) of this section, may  
300 be substituted for one hour of continuing education, up to a maximum  
301 of five hours in one two-year period. Activities that do not qualify  
302 toward meeting these requirements include professional  
303 organizational business meetings, speeches delivered at luncheons or  
304 banquets, and the reading of books, articles, or professional journals.  
305 Not more than four hours of continuing education may be earned

306 through an on-line or other distance learning program.

307 Sec. 12. Subsection (a) of section 20-114 of the 2016 supplement to  
308 the general statutes is repealed and the following is substituted in lieu  
309 thereof (*Effective October 1, 2016*):

310 (a) The Dental Commission may take any of the actions set forth in  
311 section 19a-17 for any of the following causes: (1) The presentation to  
312 the department of any diploma, license or certificate illegally or  
313 fraudulently obtained, or obtained from an institution that is not  
314 reputable or from an unrecognized or irregular institution or state  
315 board, or obtained by the practice of any fraud or deception; (2) proof  
316 that a practitioner has become unfit or incompetent or has been guilty  
317 of cruelty, incompetence, negligence or indecent conduct toward  
318 patients; (3) conviction of the violation of any of the provisions of this  
319 chapter by any court of criminal jurisdiction, provided no action shall  
320 be taken under section 19a-17 because of such conviction if any appeal  
321 to a higher court has been filed until the appeal has been determined  
322 by the higher court and the conviction sustained; (4) the employment  
323 of any unlicensed person for other than mechanical purposes in the  
324 practice of dental medicine or dental surgery subject to the provisions  
325 of section 20-122a; (5) the violation of any of the provisions of this  
326 chapter or of the regulations adopted hereunder or the refusal to  
327 comply with any of said provisions or regulations; (6) the aiding or  
328 abetting in the practice of dentistry, dental medicine or dental hygiene  
329 of a person not licensed to practice dentistry, dental medicine or dental  
330 hygiene in this state; (7) designating a limited practice, except as  
331 provided in section 20-106a; (8) engaging in fraud or material  
332 deception in the course of professional activities; (9) the effects of  
333 physical or mental illness, emotional disorder or loss of motor skill,  
334 including, but not limited to, deterioration through the aging process,  
335 upon the license holder; (10) abuse or excessive use of drugs, including  
336 alcohol, narcotics or chemicals; (11) failure to comply with the  
337 continuing education requirements set forth in section 20-126c, as  
338 amended by this act; (12) failure of a holder of a permit authorizing the  
339 use of moderate sedation, deep sedation or general anesthesia to

340 successfully complete an on-site evaluation conducted pursuant to  
341 subsection (c) of section 20-123b, as amended by this act; (13) failure to  
342 provide information to the Department of Public Health required to  
343 complete a health care provider profile, as set forth in section 20-13j;  
344 [or] (14) failure to maintain professional liability insurance or other  
345 indemnity against liability for professional malpractice as provided in  
346 section 20-126d; or (15) failure to adhere to the most recent version of  
347 the National Centers for Disease Control and Prevention's guidelines  
348 for infection control in dental care settings. A violation of any of the  
349 provisions of this chapter by any unlicensed employee in the practice  
350 of dentistry or dental hygiene, with the knowledge of the employer,  
351 shall be deemed a violation by the employer. The Commissioner of  
352 Public Health may order a license holder to submit to a reasonable  
353 physical or mental examination if his or her physical or mental  
354 capacity to practice safely is the subject of an investigation. Said  
355 commissioner may petition the superior court for the judicial district of  
356 Hartford to enforce such order or any action taken pursuant to section  
357 19a-17.

358 Sec. 13. Section 20-112a of the general statutes is repealed and the  
359 following is substituted in lieu thereof (*Effective October 1, 2016*):

360 (a) A licensed dentist may delegate to dental assistants such dental  
361 procedures as the dentist may deem advisable, including the taking of  
362 dental x-rays if the dental assistant can demonstrate successful  
363 completion of the dental radiography portion of an examination  
364 prescribed by the Dental Assisting National Board, but such  
365 procedures shall be performed under the dentist's supervision and  
366 control and the dentist shall assume responsibility for such  
367 procedures; provided such assistants may not engage in: (1) Diagnosis  
368 for dental procedures or dental treatment; (2) the cutting or removal of  
369 any hard or soft tissue or suturing; (3) the prescribing of drugs or  
370 medications that require the written or oral order of a licensed dentist  
371 or physician; (4) the administration of local, parenteral, inhalation or  
372 general anesthetic agents in connection with any dental operative  
373 procedure; (5) the taking of any impression of the teeth or jaws or the

374 relationship of the teeth or jaws for the purpose of fabricating any  
375 appliance or prosthesis; (6) the placing, finishing and adjustment of  
376 temporary or final restorations, capping materials and cement bases; or  
377 (7) the practice of dental hygiene as defined in section 20-126l, as  
378 amended by this act.

379 (b) On and after January 1, 2018, (1) no licensed dentist may  
380 delegate dental procedures to a dental assistant unless the dental  
381 assistant provides records demonstrating successful completion of the  
382 Dental Assisting National Board's infection control examination, and  
383 (2) any licensed dentist who delegates dental procedures to a dental  
384 assistant shall retain and make such records available for inspection  
385 upon request of the Department of Public Health.

386 Sec. 14. Subsection (c) of section 20-195q of the general statutes is  
387 repealed and the following is substituted in lieu thereof (*Effective*  
388 *October 1, 2016*):

389 (c) Nothing in this section shall prohibit: (1) A student enrolled in a  
390 doctoral or master's degree program accredited by the Council on  
391 Social Work Education from performing such work as is incidental to  
392 his course of study, provided such person is designated by a title  
393 which clearly indicates his status as a student; (2) [a person holding a  
394 doctoral or master's degree from a program accredited by the Council  
395 on Social Work Education from gaining social work experience under  
396 professional supervision, provided such activities are necessary to  
397 satisfy the work experience required by section 20-195n and such  
398 person is designated as "social work intern", "social work trainee" or  
399 other title clearly indicating the status appropriate to his level of  
400 training; (3)] a person licensed or certified in this state in a field other  
401 than clinical social work from practicing within the scope of such  
402 license or certification; [(4)] (3) a person enrolled in an educational  
403 program or fulfilling other state requirements leading to licensure or  
404 certification in a field other than social work from engaging in work in  
405 such other field; [(5)] (4) a person who is employed or retained as a  
406 social work designee, social worker, or social work consultant by a

407 nursing home or rest home licensed under section 19a-490, as amended  
408 by this act, and who meets the qualifications prescribed by the  
409 department in its regulations from performing the duties required of  
410 them in accordance with state and federal laws governing those duties;  
411 ~~[(6)]~~ (5) for the period from October 1, 2010, to October 1, 2013,  
412 inclusive, a master social worker from engaging in independent  
413 practice; ~~[(7)]~~ (6) a social worker from practicing community  
414 organization, policy and planning, research or administration that  
415 does not include engaging in clinical social work or supervising a  
416 social worker engaged in clinical treatment with clients; and ~~[(8)]~~ (7)  
417 individuals with a baccalaureate degree in social work from a Council  
418 on Social Work Education accredited program from performing  
419 nonclinical social work functions.

420 Sec. 15. Subdivision (4) of subsection (c) of section 19a-88 of the 2016  
421 supplement to the general statutes is repealed and the following is  
422 substituted in lieu thereof (*Effective October 1, 2016*):

423 (4) Each person holding a license as a nurse-midwife shall, annually,  
424 during the month of such person's birth, register with the Department  
425 of Public Health, upon payment of one hundred thirty dollars, on  
426 blanks to be furnished by the department for such purpose, giving  
427 such person's name in full, such person's residence and business  
428 address and such other information as the department requests. No  
429 such license shall be renewed unless the department is satisfied that  
430 the person maintains current certification from the [American College  
431 of Nurse-Midwives] Accreditation Midwifery Certification Board.

432 Sec. 16. Subdivision (2) of section 20-86a of the general statutes is  
433 repealed and the following is substituted in lieu thereof (*Effective*  
434 *October 1, 2016*):

435 (2) "Nurse-midwife" means a person who has demonstrated  
436 competence to practice nurse-midwifery through successful  
437 completion of an educational program accredited by the [American  
438 College of Nurse-Midwives] Accreditation Commission for Midwifery  
439 Education and who is certified by the [American College of Nurse-

440 Midwives] American Midwifery Certification Board, and is licensed  
441 under the provisions of this chapter.

442 Sec. 17. Section 20-86b of the general statutes is repealed and the  
443 following is substituted in lieu thereof (*Effective October 1, 2016*):

444 Nurse-midwives shall practice within a health care system and have  
445 clinical relationships with obstetrician-gynecologists that provide for  
446 consultation, collaborative management or referral, as indicated by the  
447 health status of the patient. Nurse-midwifery care shall be consistent  
448 with the standards of care established by the [American College of  
449 Nurse-Midwives] Accreditation Commission for Midwifery Education.  
450 Each nurse-midwife shall provide each patient with information  
451 regarding, or referral to, other providers and services upon request of  
452 the patient or when the care required by the patient is not within the  
453 midwife's scope of practice. Each nurse-midwife shall sign the birth  
454 certificate of each infant delivered by the nurse-midwife. If an infant is  
455 born alive and then dies within the twenty-four-hour period after  
456 birth, the nurse-midwife may make the actual determination and  
457 pronouncement of death provided: (1) The death is an anticipated  
458 death; (2) the nurse-midwife attests to such pronouncement on the  
459 certificate of death; and (3) the nurse-midwife or a physician licensed  
460 pursuant to chapter 370 certifies the certificate of death not later than  
461 twenty-four hours after such pronouncement. In a case of fetal death,  
462 as described in section 7-60, the nurse-midwife who delivered the fetus  
463 may make the actual determination of fetal death and certify the date  
464 of delivery and that the fetus was born dead.

465 Sec. 18. Section 20-86c of the general statutes is repealed and the  
466 following is substituted in lieu thereof (*Effective October 1, 2016*):

467 The Department of Public Health may issue a license to practice  
468 nurse-midwifery upon receipt of a fee of one hundred dollars, to an  
469 applicant who (1) is eligible for registered nurse licensure in this state,  
470 under sections 20-93 or 20-94; (2) holds and maintains current  
471 certification from the [American College of Nurse-Midwives]  
472 American Midwifery Certification Board; and (3) has completed thirty

473 hours of education in pharmacology for nurse-midwifery. No license  
474 shall be issued under this section to any applicant against whom  
475 professional disciplinary action is pending or who is the subject of an  
476 unresolved complaint.

477 Sec. 19. Section 20-86i of the general statutes is repealed and the  
478 following is substituted in lieu thereof (*Effective October 1, 2016*):

479 Nothing in this chapter shall be construed to prohibit graduates of  
480 nurse-midwifery programs approved by the [American College of  
481 Nurse-Midwives] Accreditation Commission for Midwifery Education  
482 from practicing midwifery for a period not to exceed (1) ninety  
483 calendar days after the date of graduation, or (2) the date upon which  
484 the graduate is notified that he or she has failed the licensure  
485 examination, whichever is shorter, provided (A) such graduate nurses  
486 are working in a hospital or organization where adequate supervision,  
487 as determined by the Commissioner of Public Health, is provided, and  
488 (B) such hospital or other organization has verified that the graduate  
489 nurse has successfully completed a midwifery program approved by  
490 the [American College of Nurse-Midwives] Accreditation Commission  
491 for Midwifery Education.

492 Sec. 20. Section 20-254 of the 2016 supplement to the general statutes  
493 is repealed and the following is substituted in lieu thereof (*Effective*  
494 *October 1, 2016*):

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



506 unresolved complaint.

507 (b) If the issuance of such license in any other state, in the District of  
508 Columbia, or in a commonwealth or territory of the United States did  
509 not require an examination, an applicant who has legally practiced  
510 cosmetology for at least five years in a state outside of Connecticut  
511 shall be eligible for licensure under this section if the applicant submits  
512 to the commissioner evidence of education and experience that is  
513 satisfactory to the commissioner and upon payment of a fee of [fifty]  
514 one hundred dollars. Evidence of experience shall include, but not be  
515 limited to, (1) an original certification from the out-of-state licensing  
516 agency demonstrating at least five years of licensure, (2)  
517 correspondence from the applicant's former employers, coworkers or  
518 clients that describes the applicant's experience in the state for at least  
519 five years, and (3) a copy of tax returns that indicate cosmetology as  
520 the applicant's occupation. No license shall be issued under this section  
521 to any applicant against whom professional disciplinary action is  
522 pending or who is the subject of an unresolved complaint in the  
523 context of providing services as a cosmetician.

524 Sec. 21. Section 19a-37 of the general statutes is repealed and the  
525 following is substituted in lieu thereof (*Effective October 1, 2016*):

526 (a) The Commissioner of Public Health may adopt regulations in the  
527 Public Health Code for the preservation of the public health pertaining  
528 to (1) protection and location of new water supply wells or springs for  
529 residential construction or for public or semipublic use, and (2)  
530 inspection for compliance with the provisions of municipal regulations  
531 adopted pursuant to section 22a-354p.

532 (b) The Commissioner of Public Health shall adopt regulations, in  
533 accordance with chapter 54, for the testing of water quality in private  
534 residential wells and wells for semipublic use. Any laboratory or firm  
535 which conducts a water quality test on a private well serving a  
536 residential property or well for semipublic use shall, not later than  
537 thirty days after the completion of such test, report the results of such  
538 test to (1) the public health authority of the municipality where the

539 property is located, and (2) the Department of Public Health in a  
540 format specified by the department, provided such report shall not be  
541 required if the party for whom the laboratory or firm conducted such  
542 test informs the laboratory or firm that the test was not conducted  
543 within six months of the sale of such property. No regulation may  
544 require such a test to be conducted as a consequence or a condition of  
545 the sale, exchange, transfer, purchase or rental of the real property on  
546 which the private residential well or well for semipublic use is located.  
547 For purposes of this section, "laboratory or firm" means an  
548 environmental laboratory registered by the Department of Public  
549 Health pursuant to section 19a-29a.

550 (c) Prior to the sale, exchange, purchase, transfer or rental of real  
551 property on which a residential well is located, the owner shall  
552 provide the buyer or tenant notice that educational material  
553 concerning private well testing is available on the Department of  
554 Public Health web site. Failure to provide such notice shall not  
555 invalidate any sale, exchange, purchase, transfer or rental of real  
556 property. If the seller or landlord provides such notice in writing, the  
557 seller or landlord and any real estate licensee shall be deemed to have  
558 fully satisfied any duty to notify the buyer or tenant that the subject  
559 real property is located in an area for which there are reasonable  
560 grounds for testing under subsection (f) or (i) of this section.

561 (d) The Commissioner of Public Health shall adopt regulations, in  
562 accordance with chapter 54, to clarify the criteria under which the  
563 commissioner may issue a well permit exception and to describe the  
564 terms and conditions that shall be imposed when a well is allowed at a  
565 premises (1) that is connected to a public water supply system, or (2)  
566 whose boundary is located within two hundred feet of an approved  
567 community water supply system, measured along a street, alley or  
568 easement. Such regulations shall (A) provide for notification of the  
569 permit to the public water supplier, (B) address the quality of the  
570 water supplied from the well, the means and extent to which the well  
571 shall not be interconnected with the public water supply, the need for  
572 a physical separation, and the installation of a reduced pressure device

573 for backflow prevention, the inspection and testing requirements of  
574 any such reduced pressure device, and (C) identify the extent and  
575 frequency of water quality testing required for the well supply.

576 (e) No regulation may require that a certificate of occupancy for a  
577 dwelling unit on such residential property be withheld or revoked on  
578 the basis of a water quality test performed on a private residential well  
579 pursuant to this section, unless such test results indicate that any  
580 maximum contaminant level applicable to public water supply  
581 systems for any contaminant listed in the public health code has been  
582 exceeded. No administrative agency, health district or municipal  
583 health officer may withhold or cause to be withheld such a certificate  
584 of occupancy except as provided in this section.

585 (f) The local director of health may require a private residential well  
586 or well for semipublic use to be tested for arsenic, radium, uranium,  
587 radon or gross alpha emitters, when there are reasonable grounds to  
588 suspect that such contaminants are present in the groundwater. For  
589 purposes of this subsection, "reasonable grounds" means (1) the  
590 existence of a geological area known to have naturally occurring  
591 arsenic, radium, uranium, radon or gross alpha emitter deposits in the  
592 bedrock; or (2) the well is located in an area in which it is known that  
593 arsenic, radium, uranium, radon or gross alpha emitters are present in  
594 the groundwater.

595 (g) Except as provided in subsection (h) of this section, the collection  
596 of samples for determining the water quality of private residential  
597 wells and wells for semipublic use may be made only by (1) employees  
598 of a laboratory or firm certified or approved by the Department of  
599 Public Health to test drinking water, if such employees have been  
600 trained in sample collection techniques, (2) certified water operators,  
601 (3) local health departments and state employees trained in sample  
602 collection techniques, or (4) individuals with training and experience  
603 that the Department of Public Health deems sufficient.

604 (h) Any owner of a residential construction, including, but not  
605 limited to, a homeowner, on which a private residential well is located

606 or any general contractor of a new residential construction on which a  
607 private residential well is located may collect samples of well water for  
608 submission to a laboratory or firm for the purposes of testing water  
609 quality pursuant to this section, provided (1) such laboratory or firm  
610 has provided instructions to said owner or general contractor on how  
611 to collect such samples, and (2) such owner or general contractor is  
612 identified to the subsequent owner on a form to be prescribed by the  
613 Department of Public Health. No regulation may prohibit or impede  
614 such collection or analysis.

615 (i) The local director of health may require private residential wells  
616 and wells for semipublic use to be tested for pesticides, herbicides or  
617 organic chemicals when there are reasonable grounds to suspect that  
618 any such contaminants might be present in the groundwater. For  
619 purposes of this subsection, "reasonable grounds" means (1) the  
620 presence of nitrate-nitrogen in the groundwater at a concentration  
621 greater than ten milligrams per liter, or (2) that the private residential  
622 well or well for semipublic use is located on land, or in proximity to  
623 land, associated with the past or present production, storage, use or  
624 disposal of organic chemicals as identified in any public record.

625 Sec. 22. Subdivision (1) of section 46b-20a of the general statutes is  
626 repealed and the following is substituted in lieu thereof (*Effective*  
627 *October 1, 2016*):

628 (1) Not a party to another marriage, or a relationship that provides  
629 substantially the same rights, benefits and responsibilities as a  
630 marriage, entered into in this state or another state or jurisdiction,  
631 unless the parties to the marriage will be the same as the parties to  
632 such other [marriage or] relationship;

633 Sec. 23. Section 19a-55 of the 2016 supplement to the general statutes  
634 is repealed and the following is substituted in lieu thereof (*Effective*  
635 *October 1, 2016*):

636 (a) The administrative officer or other person in charge of each  
637 institution caring for newborn infants shall cause to have administered

638 to every such infant in its care an HIV-related test, as defined in section  
639 19a-581, a test for phenylketonuria and other metabolic diseases,  
640 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine  
641 disease, homocystinuria, biotinidase deficiency, congenital adrenal  
642 hyperplasia, severe combined immunodeficiency disease,  
643 adrenoleukodystrophy and such other tests for inborn errors of  
644 metabolism as shall be prescribed by the Department of Public Health.  
645 The tests shall be administered as soon after birth as is medically  
646 appropriate. If the mother has had an HIV-related test pursuant to  
647 section 19a-90 or 19a-593, the person responsible for testing under this  
648 section may omit an HIV-related test. The Commissioner of Public  
649 Health shall (1) administer the newborn screening program, (2) direct  
650 persons identified through the screening program to appropriate  
651 specialty centers for treatments, consistent with any applicable  
652 confidentiality requirements, and (3) set the fees to be charged to  
653 institutions to cover all expenses of the comprehensive screening  
654 program including testing, tracking and treatment. The fees to be  
655 charged pursuant to subdivision (3) of this subsection shall be set at a  
656 minimum of ninety-eight dollars. The Commissioner of Public Health  
657 shall publish a list of all the abnormal conditions for which the  
658 department screens newborns under the newborn screening program,  
659 which shall include screening for amino acid disorders, organic acid  
660 disorders and fatty acid oxidation disorders, including, but not limited  
661 to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD) and  
662 medium-chain acyl-CoA dehydrogenase (MCAD).

663 (b) In addition to the testing requirements prescribed in subsection  
664 (a) of this section, the administrative officer or other person in charge  
665 of each institution caring for newborn infants shall cause to have  
666 administered to (1) every such infant in its care a screening test for (A)  
667 cystic fibrosis, [(B) severe combined immunodeficiency disease, and  
668 (C)] and (B) critical congenital heart disease, and (2) any newborn  
669 infant who fails a newborn hearing screening, as described in section  
670 19a-59, a screening test for cytomegalovirus, provided such screening  
671 test shall be administered within available appropriations on and after  
672 January 1, 2016. Such screening tests shall be administered as soon

673 after birth as is medically appropriate.

674 [(c) On or before October 1, 2015, the Commissioner of Public  
675 Health shall execute an agreement with the New York State  
676 Department of Health to conduct a screening test of newborns for  
677 adrenoleukodystrophy using dried blood spots, as well as the  
678 development of a quality assurance testing methodology for such test.  
679 The commissioner may accept private grants and donations to defray  
680 the cost of purchasing equipment that is necessary to perform the  
681 testing described in this subsection.]

682 [(d)] (c) The administrative officer or other person in charge of each  
683 institution caring for newborn infants shall report any case of  
684 cytomegalovirus that is confirmed as a result of a screening test  
685 administered pursuant to subdivision (2) of subsection (b) of this  
686 section to the Department of Public Health in a form and manner  
687 prescribed by the Commissioner of Public Health.

688 [(e)] (d) The provisions of this section shall not apply to any infant  
689 whose parents object to the test or treatment as being in conflict with  
690 their religious tenets and practice. The commissioner shall adopt  
691 regulations, in accordance with the provisions of chapter 54, to  
692 implement the provisions of this section.

693 Sec. 24. Subdivisions (1) and (2) of subsection (j) of section 19a-491  
694 of the 2016 supplement to the general statutes are repealed and the  
695 following is substituted in lieu thereof (*Effective October 1, 2016*):

696 (j) (1) A chronic disease hospital shall (A) maintain its medical  
697 records on-site in an accessible manner or be able to retrieve such  
698 records from an off-site location not later than twenty-four hours after  
699 receiving a request for such records, (B) keep a patient's medical  
700 records on-site for a minimum of ten years after the date of such  
701 patient's discharge, except the hospital may destroy the patient's  
702 original medical records prior to the expiration of the ten-year period if  
703 a copy of such medical records is preserved by a process that is  
704 consistent with current hospital standards, or (C) complete a patient's

705 medical records not more than thirty days after the date of such  
706 patient's discharge, except in unusual circumstances that shall be  
707 specified in the hospital's rules and regulations for its medical staff.  
708 Each chronic disease hospital shall provide the Department of Public  
709 Health with a list of the process it uses for preserving a copy of  
710 medical records in accordance with subparagraph (B) of this  
711 subdivision.

712 (2) A children's hospital shall (A) maintain its medical records,  
713 except nurses' notes, on-site in an accessible manner or be able to  
714 retrieve such records from an off-site location not later than twenty-  
715 four hours after receiving a request for such records, and (B) keep a  
716 patient's medical records on-site for a minimum of ten years after the  
717 date of such patient's discharge, except the hospital may destroy the  
718 patient's original medical records prior to the expiration of the ten-year  
719 period if a copy of such medical records is preserved by a process that  
720 is consistent with current hospital standards. Each children's hospital  
721 shall provide the Department of Public Health a list of the process it  
722 uses for preserving a copy of medical records in accordance with  
723 subparagraph (B) of this subdivision.

724 Sec. 25. Section 19a-270 of the general statutes is repealed and the  
725 following is substituted in lieu thereof (*Effective October 1, 2016*):

726 The first selectman of any town, the mayor of any city, the  
727 administrative head of any state correctional institution or the  
728 superintendent or person in charge of any almshouse, asylum,  
729 hospital, morgue or other public institution which is supported, in  
730 whole or in part, at public expense, having in his or her possession or  
731 control the dead body of any person which, if not claimed as provided  
732 in this section, would have to be buried at public expense, or at the  
733 expense of any such institution, shall, immediately upon the death of  
734 such person, notify such person's relatives thereof, if known, and, if  
735 such relatives are not known, shall notify the person or persons  
736 bringing or committing such person to such institution. [Such] An  
737 acute care hospital official shall, not later than seven days after the date

738 on which such body came into his or her possession or control, and  
739 such other official shall, [within] not later than twenty-four hours  
740 [from] after the time such body came into his or her possession or  
741 control, give notice thereof to the Department of Public Health and  
742 shall deliver such body to The University of Connecticut, Quinnipiac  
743 University, the Yale University School of Medicine or the University of  
744 Bridgeport College of Chiropractic or its successor institution, as said  
745 department may direct and in accordance with an agreement to be  
746 made among said universities in such manner as is directed by said  
747 department and at the expense of the university receiving the body, if  
748 The University of Connecticut, Quinnipiac University, Yale University,  
749 or the University of Bridgeport College of Chiropractic or its successor  
750 institution, at any time within one year, has given notice to any of such  
751 officials that such bodies would be needed for the purposes specified  
752 in section 19a-270b; provided any such body shall not have been  
753 claimed by a relative, either by blood or marriage, or a legal  
754 representative of such deceased person prior to delivery to any of said  
755 universities. The university receiving such body shall not embalm such  
756 body for a period of at least forty-eight hours after death, and any  
757 relative, either by blood or marriage, or a legal representative of such  
758 deceased person may claim such body during said period. If any such  
759 body is not disposed of in either manner specified in this section, it  
760 may be cremated or buried. When any person has in his or her  
761 possession or control the dead body of any person which would have  
762 to be buried at public expense or at the expense of any such institution,  
763 he or she shall, within forty-eight hours after such body has come into  
764 his or her possession or control, file, with the registrar of the town  
765 within which such death occurred, a certificate of death as provided in  
766 section 7-62b, unless such certificate has been filed by a funeral  
767 director. Before any such body is removed to any of said universities,  
768 the official or person contemplating such removal shall secure a  
769 removal, transit and burial permit which shall be delivered with the  
770 body to the official in charge of such university, who shall make return  
771 of such removal, transit and burial permit in the manner provided in  
772 section 7-66.



773 Sec. 26. Section 20-206q of the 2016 supplement to the general  
774 statutes is repealed and the following is substituted in lieu thereof  
775 (*Effective October 1, 2016*):

776 A certified dietitian-nutritionist may write an order for a patient  
777 diet, including, but not limited to, a therapeutic diet for a patient in an  
778 institution, as defined in section 19a-490, as amended by this act. The  
779 certified dietitian-nutritionist shall write such order in the patient's  
780 medical record. Any order conveyed under this section shall be acted  
781 upon by the institution's nurses and physician assistants with the same  
782 authority as if the order were received directly from a physician. [Any  
783 order conveyed in this manner shall be countersigned by a physician  
784 within seventy-two hours unless otherwise provided by state or  
785 federal law or regulations.] Nothing in this section shall prohibit a  
786 physician from conveying a verbal order for a patient diet to a certified  
787 dietitian-nutritionist, which verbal order shall be reduced to writing  
788 and countersigned by a physician not later than seventy-two hours  
789 after being conveyed, unless otherwise provided by state or federal  
790 law.

791 Sec. 27. (NEW) (*Effective October 1, 2016*) (a) Except for the portion of  
792 a delivered placenta that is necessary for an examination described in  
793 subsection (d) of this section, a hospital may allow a woman who has  
794 given birth in the hospital, or a spouse of the woman if the woman is  
795 incapacitated or deceased, to take possession of and remove from the  
796 hospital the placenta if:

797 (1) The woman tests negative for infectious diseases; and

798 (2) The person taking possession of the placenta provides a written  
799 acknowledgment that (A) the person received from the hospital  
800 educational information concerning the spread of blood-borne diseases  
801 from a placenta, the danger of ingesting formalin and the proper  
802 handling of the placenta, and (B) the placenta is for personal use.

803 (b) A person removing a placenta from a hospital under this section  
804 may only retain the placenta for personal use and may not sell the

805 placenta.

806 (c) The hospital shall retain the signed acknowledgment described  
807 in subsection (a) with the woman's medical records.

808 (d) This section does not (1) prohibit a pathological examination of  
809 the delivered placenta that is ordered by a physician or required by a  
810 policy of the hospital, or (2) authorize a woman or the woman's spouse  
811 to interfere with a pathological examination of the delivered placenta  
812 that is ordered by a physician or required by a policy of the hospital.

813 (e) A hospital that allows a person to take possession of and remove  
814 from the hospital a delivered placenta in accordance with the  
815 provisions of this section is not required to dispose of the placenta as  
816 biomedical waste.

817 (f) A hospital that acts in accordance with the provisions of this  
818 section shall not be liable for allowing the removal of a placenta from  
819 the hospital in a civil action, a criminal prosecution or an  
820 administrative proceeding.

821 Sec. 28. (NEW) (*Effective October 1, 2016*) (a) As used in this section,  
822 "psychology technician" means a person who (1) holds a bachelor's or  
823 graduate degree in psychology or another mental health field, and (2)  
824 has undergone not less than eighty hours of training provided by a  
825 psychologist licensed pursuant to chapter 383 of the general statutes,  
826 including, but not limited to, (A) not less than four hours of education  
827 in professional ethics and best practices for the administration and  
828 scoring of objective psychological and neuropsychological tests,  
829 including, but not limited to, the American Psychological Association  
830 Ethical Principles of Psychologists and Code of Conduct and legal  
831 obligations pertaining to patient confidentiality and reporting any  
832 suspicion of abuse or neglect of a patient, (B) not less than sixteen  
833 hours of studying and mastering information from psychological and  
834 neuropsychological testing manuals, (C) not less than twenty hours of  
835 direct observation of the administration and scoring of objective  
836 psychological and neuropsychological tests by the psychologist, and

837 (D) not less than forty hours of administering and scoring objective  
838 psychological and neuropsychological tests in the presence of the  
839 psychologist.

840 (b) The services provided by psychology technicians include the  
841 administration and scoring of objective psychological or  
842 neuropsychological tests with specific, predetermined and manualized  
843 administrative procedures. The responsibilities of a psychology  
844 technician include, but are not limited to, observing and describing the  
845 behavior of the patient taking the test and the patient's test responses,  
846 but shall not include evaluation, interpretation or other judgments  
847 concerning the patient or the patient's test responses.

848 (c) A psychology technician may provide objective psychological or  
849 neuropsychological testing services under the supervision and  
850 direction of a psychologist licensed pursuant to chapter 383 of the  
851 general statutes, provided: (1) The psychologist is satisfied as to the  
852 ability and competency of the psychology technician; (2) services  
853 provided are consistent with the health and welfare of the patient and  
854 in keeping with the practice of psychology; and (3) such services are  
855 provided under the oversight, control and direction of the  
856 psychologist.

857 (d) Nothing in this section shall be construed to apply to the  
858 activities and services of a person who is enrolled in a psychology  
859 technician educational program acceptable to the American  
860 Psychological Association, provided such activities and services are  
861 incidental to the course of study.

862 (e) A psychology technician shall not: (1) Select tests; (2) conduct  
863 intake assessments; (3) conduct clinical interviews, including, but not  
864 limited to, patient interviews and collateral interviews of relatives,  
865 friends of the patient or other professionals associated with the patient;  
866 (4) interpret patient data; (5) communicate test results or treatment  
867 recommendations to patients; or (6) administer tests in educational  
868 institutions.

869 Sec. 29. Subsection (b) of section 20-10b of the 2016 supplement to  
870 the general statutes is repealed and the following is substituted in lieu  
871 thereof (*Effective from passage*):

872 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
873 this section, a licensee applying for license renewal shall earn a  
874 minimum of fifty contact hours of continuing medical education  
875 within the preceding twenty-four-month period. Such continuing  
876 medical education shall (1) be in an area of the physician's practice; (2)  
877 reflect the professional needs of the licensee in order to meet the health  
878 care needs of the public; and (3) during the first renewal period in  
879 which continuing medical education is required and not less than once  
880 every six years thereafter, include at least one contact hour of training  
881 or education in each of the following topics: (A) Infectious diseases,  
882 including, but not limited to, acquired immune deficiency syndrome  
883 and human immunodeficiency virus, (B) risk management, including,  
884 but not limited to, for registration periods beginning on or after  
885 October 1, 2015, prescribing controlled substances and pain  
886 management, (C) sexual assault, (D) domestic violence, (E) cultural  
887 competency, and (F) behavioral health, provided further that on and  
888 after January 1, 2016, such behavioral health continuing medical  
889 education may include, but not be limited to, at least two contact hours  
890 of training or education during the first renewal period in which  
891 continuing education is required and not less than once every six years  
892 thereafter, on the topic of mental health conditions common to  
893 veterans and family members of veterans, including (i) determining  
894 whether a patient is a veteran or family member of a veteran, (ii)  
895 screening for conditions such as post-traumatic stress disorder, risk of  
896 suicide, depression and grief, and (iii) suicide prevention training. For  
897 purposes of this section, qualifying continuing medical education  
898 activities include, but are not limited to, courses offered or approved  
899 by the American Medical Association, American Osteopathic [Medical]  
900 Association, Connecticut Hospital Association, Connecticut State  
901 Medical Society, Connecticut Osteopathic Medical Society, county  
902 medical societies or equivalent organizations in another jurisdiction,  
903 educational offerings sponsored by a hospital or other health care

904 institution or courses offered by a regionally accredited academic  
905 institution or a state or local health department. The commissioner, or  
906 the commissioner's designee, may grant a waiver for not more than ten  
907 contact hours of continuing medical education for a physician who: (i)  
908 Engages in activities related to the physician's service as a member of  
909 the Connecticut Medical Examining Board, established pursuant to  
910 section 20-8a; (ii) engages in activities related to the physician's service  
911 as a member of a medical hearing panel, pursuant to section 20-8a; or  
912 (iii) assists the department with its duties to boards and commissions  
913 as described in section 19a-14.

914 Sec. 30. Subsection (a) of section 46b-24 of the general statutes is  
915 repealed and the following is substituted in lieu thereof (*Effective from*  
916 *passage*):

917 (a) [No] Except as provided in section 46b-28a, as amended by this  
918 act, no persons may be joined in marriage in this state until both have  
919 complied with the provisions of [sections 46b-24,] this section, section  
920 46b-25 and sections 46b-29 to 46b-33, inclusive, and have been issued a  
921 license by the registrar for the town in which the marriage is to be  
922 celebrated, which license shall bear the certification of the registrar that  
923 the persons named therein have complied with the provisions of said  
924 sections.

925 Sec. 31. (NEW) (*Effective from passage*) All marriages celebrated  
926 before the effective date of this section under a tribal marriage license  
927 at the Mashantucket Pequot reservation or Mohegan reservation are  
928 recognized as a valid marriage in this state, provided the marriage is  
929 recognized under the laws of the Mashantucket Pequot Tribal Nation  
930 or the Mohegan Tribe of Indians of Connecticut and not otherwise  
931 expressly prohibited by statute in this state.

932 Sec. 32. Section 46b-28a of the general statutes is repealed and the  
933 following is substituted in lieu thereof (*Effective from passage*):

934 A marriage, or a relationship that provides substantially the same  
935 rights, benefits and responsibilities as a marriage, between two persons

936 entered into in another state or jurisdiction and recognized as valid by  
 937 such other state or jurisdiction shall be recognized as a valid marriage  
 938 in this state, provided such marriage or relationship is not expressly  
 939 prohibited by statute in this state. For purposes of this section,  
 940 "another jurisdiction" includes, but is not limited to, the Mashantucket  
 941 Pequot reservation and the Mohegan reservation. The requirements set  
 942 forth in section 46b-24, as amended by this act, shall not apply to a  
 943 person entering into a marriage on either of said reservations.

944 Sec. 33. Subsection (c) of section 19a-498 of the general statutes is  
 945 repealed and the following is substituted in lieu thereof (*Effective*  
 946 *October 1, 2016*):

947 (c) The Department of Mental Health and Addiction Services, with  
 948 respect to any [mental] behavioral health facility or alcohol or drug  
 949 treatment facility, shall be authorized, either upon the request of the  
 950 Commissioner of Public Health or at such other times as they deem  
 951 necessary, to enter such facility for the purpose of inspecting programs  
 952 conducted at such facility. A written report of the findings of any such  
 953 inspection shall be forwarded to the Commissioner of Public Health  
 954 and a copy shall be maintained in such facility's licensure file.

955 Sec. 34. Sections 19a-56a, 19a-56b, 19a-57 and 20-86d of the general  
 956 statutes are repealed. (*Effective October 1, 2016*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-177(8)(D)
Sec. 2	<i>October 1, 2016</i>	20-266p
Sec. 3	<i>October 1, 2016</i>	19a-12e(a)(1)
Sec. 4	<i>October 1, 2016</i>	New section
Sec. 5	<i>October 1, 2016</i>	19a-490
Sec. 6	<i>October 1, 2016</i>	19a-541
Sec. 7	<i>October 1, 2016</i>	19a-521
Sec. 8	<i>from passage</i>	SA 14-5, Sec. 1(h)
Sec. 9	<i>October 1, 2016</i>	20-123b
Sec. 10	<i>October 1, 2016</i>	20-126c(b)

Sec. 11	October 1, 2016	20-126l(g)
Sec. 12	October 1, 2016	20-114(a)
Sec. 13	October 1, 2016	20-112a
Sec. 14	October 1, 2016	20-195q(c)
Sec. 15	October 1, 2016	19a-88(c)(4)
Sec. 16	October 1, 2016	20-86a(2)
Sec. 17	October 1, 2016	20-86b
Sec. 18	October 1, 2016	20-86c
Sec. 19	October 1, 2016	20-86i
Sec. 20	October 1, 2016	20-254
Sec. 21	October 1, 2016	19a-37
Sec. 22	October 1, 2016	46b-20a(1)
Sec. 23	October 1, 2016	19a-55
Sec. 24	October 1, 2016	19a-491(j)(1) and (2)
Sec. 25	October 1, 2016	19a-270
Sec. 26	October 1, 2016	20-206q
Sec. 27	October 1, 2016	New section
Sec. 28	October 1, 2016	New section
Sec. 29	<i>from passage</i>	20-10b(b)
Sec. 30	<i>from passage</i>	46b-24(a)
Sec. 31	<i>from passage</i>	New section
Sec. 32	<i>from passage</i>	46b-28a
Sec. 33	October 1, 2016	19a-498(c)
Sec. 34	October 1, 2016	Repealer section

**Statement of Legislative Commissioners:**

In Section 2(7), "or temporary permit" was inserted after "license" for statutory consistency; Section 13(b) was divided into two subdivisions for clarity; in Section 28, "provided" was inserted after "training" for clarity and "Code of Ethics" was changed to "Ethical Principles of Psychologists and Code of Conduct" for accuracy; a new Section 33 was added for statutory consistency; and the existing Section 33 was changed to Section 34 for consistency with standard drafting conventions.

**PH**      *Joint Favorable Subst.*

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

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 17 \$	FY 18 \$
Resources of the General Fund	GF - Potential Revenue Gain	Minimal	Minimal

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

Section 2 of the bill, which makes engaging in tattooing without a license or temporary permit a class D misdemeanor, results in a potential minimal General Fund revenue gain to the extent that individuals are found guilty and fined up to \$250.

Other sections of the bill, which make technical changes to existing public health statutes, codify current practice,<sup>1</sup> or create new statutory provisions, do not result in fiscal impact.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to the extent to which individuals are found guilty of a class D misdemeanor.

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<sup>1</sup>This includes the fee increase, from \$50 to \$100, for a hairdresser's license without examination, due to licensure in another jurisdiction. The Department of Public Health currently charges \$100, not \$50, for this license. It also includes newborn screening for adrenoleukodystrophy, for which is currently underway.



**OLR Bill Analysis****sHB 5537*****AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.*****SUMMARY:**

This bill makes numerous substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs.

For example, the bill requires dentists and dental hygienists to take continuing education in infection control and makes other changes concerning dental professionals. It allows nursing home patients to receive methadone treatment for opioid addiction at the nursing home. It recognizes in statute a category of psychology technicians and allows them to provide services related to psychological testing.

Among other things, the bill also makes changes affecting various licensed institutions, including hospitals, nursing homes, and residential care homes; tattoo technicians; various licensed health care professionals; the medical orders for life sustaining treatment pilot program; wells for semipublic use; marriages (including those performed at tribal reservations); and newborn screening.

A section-by-section summary appears below.

EFFECTIVE DATE: October 1, 2016, except as otherwise noted.

**§ 1 — TECHNICAL CHANGE**

This section makes a technical change, correcting an inaccurate statutory reference.

EFFECTIVE DATE: Upon passage

**§ 2 — TATTOOING WITHOUT A LICENSE**

Existing law generally requires an individual to have a license or temporary permit to engage in the practice of tattooing. The bill provides that engaging in tattooing without a license or temporary permit is a class D misdemeanor (punishable by up to thirty days in prison, a fine of up to \$250, or both).

### **§ 3 — REPORTING OF IMPAIRED HEALTH PROFESSIONALS**

By law, physicians must notify DPH if they are aware that a physician or physician assistant (PA) may be unable to practice with skill and safety because he or she is impaired, and PAs must similarly notify DPH if another PA may be so impaired (CGS §§ 20-12e and 20-13d). PA 15-5, June Special Session, created a parallel reporting requirement covering other licensed or permitted health care professionals.

The bill includes physicians and PAs within the new reporting requirement covering other licensed or permitted health professionals, thus specifying that all health professionals are obligated to report other such professionals who may be so impaired.

### **§ 4 — METHADONE FOR OPIOID ADDICTION IN NURSING HOMES**

The bill allows licensed substance abuse treatment facilities providing medication assisted treatment for opioid addiction to provide methadone and related substance abuse treatment services to patients in licensed nursing home facilities. Substance abuse treatment facilities seeking to do this must request permission from the DPH commissioner, in a form and manner he prescribes. He may grant the request if he determines that it would not endanger the health, safety, or welfare of any patient. Current law generally requires nursing home patients receiving methadone treatment for opioid addiction to receive that treatment at the substance abuse treatment facility rather than in the nursing home.

If the commissioner approves the request, he may impose conditions to ensure patients' health, safety, or welfare. He may revoke the approval if he finds that any patient's health, safety, or welfare has

been jeopardized.

### **§§ 5-7 & 33 — INSTITUTIONAL LICENSING DEFINITIONS**

The bill amends certain definitions related to the licensing of health care institutions.

#### ***Behavioral Health Facility***

The bill renames a “mental health facility” as a “behavioral health facility.” It defines “behavioral health facility” as any facility providing mental health services to individuals age 18 or older, or substance use disorder services to individuals of any age, in an outpatient or residential setting to ameliorate mental, emotional, behavioral, or substance use disorder issues. Current law defines “mental health facility” as any facility providing care or treatment for individuals with mental illness or emotional disturbance, or any mental health outpatient treatment facility providing treatment to individuals age 16 or older who are receiving services from the Department of Mental Health and Addiction Services, but not including family care homes for the mentally ill.

#### ***Nursing Homes, Residential Care Homes, and Rest Homes***

For institutional licensing purposes, current law defines a residential care home (RCH), nursing home, or rest home as an establishment that (1) furnishes, in single or multiple facilities, food and shelter to at least two unrelated people and to the proprietor and (2) provides services beyond the basic needs of providing food, shelter, and laundry.

The bill amends this definition and applies it to RCHs and rest homes, but not nursing homes. It specifies that an RCH or rest home is a community residence that provides these services. It also provides that an RCH or rest home may qualify as a setting that allows residents to receive home- and community-based services funded by state and federal programs.

The bill removes “rest home” from the list of DPH-licensed institutions. In practice, rest homes are not licensed as their own

category, but either as RCHs or as a subset of nursing home facilities (rest homes with nursing supervision).

The bill creates a separate definition for “nursing home facility” for institutional licensing purposes, defining it the same way as statutes related to nursing home oversight. Under this definition, a nursing home facility is a (1) chronic and convalescent nursing home (CCNH) or rest home with nursing supervision that provides 24-hour nursing supervision under a medical director or (2) CCNH that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic or acute diseases, convalescent stages, or injuries.

The bill also makes related technical and conforming changes.

#### **§ 8 — MOLST PILOT PROGRAM**

The bill extends the end date for DPH’s medical orders for life sustaining treatment (MOLST) pilot program, from October 1, 2016 to October 2, 2017.

EFFECTIVE DATE: Upon passage

#### **§ 9 — DENTAL ANESTHESIA**

The bill allows the DPH commissioner to deny or revoke a dental permit for moderate sedation, deep sedation, or general anesthesia based on state dental commission disciplinary action against the dentist.

#### **§§ 10-13 — INFECTION CONTROL IN DENTAL SETTINGS**

##### ***Continuing Education***

The bill requires dentists and dental hygienists to complete at least one contact hour (i.e., 50 minutes) every two years of training or education in infection control in a dental setting, as part of existing continuing education requirements.

The bill makes a corresponding change by providing that dentists’ other continuing education must include at least one contact hour in

any three, rather than four, of the 10 mandatory topics prescribed by the DPH commissioner.

By law, starting with their second license renewal, (1) dentists generally must complete 25 contact hours of continuing education every two years and (2) dental hygienists generally must complete 16 contact hours every two years.

### ***Dental Commission Disciplinary Action***

The bill allows the dental commission to take disciplinary action against a dentist for failure to adhere to the most recent version of the National Centers for Disease Control and Prevention's guidelines for infection control in dental settings.

### ***Dental Assistants***

Existing law allows dentists to delegate certain procedures to dental assistants. Starting on January 1, 2018, the bill prohibits dentists from delegating any dental procedures to a dental assistant who has not provided the dentist a record documenting that he or she passed the Dental Assisting National Board's infection control examination. The bill also requires dentists delegating procedures to an assistant to keep these records for inspection on DPH's request.

## **§ 14 — SOCIAL WORK**

The bill repeals an obsolete provision allowing an unlicensed person with a master's or doctoral degree to satisfy the work experience requirement for social work licensure by gaining social work experience under professional supervision.

Last year, DPH implemented a licensure program for master social workers as a separate license from clinical social workers. Master social workers must have a master's or doctoral degree and work under professional supervision while gaining the work experience needed for the clinical social worker license.

## **§§ 15-19 — NURSE-MIDWIFERY CERTIFYING AND ACCREDITING ORGANIZATIONS**

The bill updates the names of the certification and accreditation bodies for nurse-midwives. It refers to the “Accreditation Midwifery Certification Board” and “Accreditation Commission for Midwifery Education,” rather than to the “American College of Nurse-Midwives.”

#### **§ 20 — FEE FOR HAIRDRESSER LICENSE WITHOUT EXAMINATION**

The bill increases, from \$50 to \$100, the fee for a hairdresser’s license without examination (which is available to certain applicants licensed in other jurisdictions). The existing fee for licensure by examination is \$100.

#### **§ 21 — WELLS FOR SEMIPUBLIC USE**

The bill extends several existing provisions concerning private residential wells to “wells for semipublic use,” which the bill does not define. This includes laws:

1. requiring the DPH commissioner to adopt regulations for testing well water quality;
2. requiring the testing company to report the results to the local health authority and DPH if a test was conducted within six months of the property’s sale;
3. prohibiting regulations from requiring a test as a consequence or condition of a property sale, transfer, or rental;
4. allowing local health directors to require wells to be tested for certain contaminants if there are reasonable grounds to suspect that contaminants are present in the groundwater; and
5. specifying who may collect samples to determine water quality in the wells.

Existing law allows the DPH commissioner to adopt regulations on the protection and location of new water supply wells for public or semipublic use.

**§ 22 — MARRIAGE**

The bill specifies that a couple currently married to each other in any jurisdiction are not eligible to marry each other in Connecticut.

**§ 23 — NEWBORN SCREENING**

The bill specifies that adrenoleukodystrophy (ALD) is part of the required newborn screening tests. It repeals an obsolete provision requiring the DPH commissioner, by October 1, 2015, to execute an agreement with the New York State Department of Health to (1) conduct a newborn screening test for ALD using dried blood spots and (2) develop a quality assurance testing method for the screening test.

It also makes a technical change.

**§ 24 — HOSPITAL RECORD STORAGE**

The bill allows chronic disease hospitals and children's hospitals to maintain their medical records at an off-site location as long as they can retrieve them within 24 hours of a request for them. Current law requires the records to be kept on-site.

Under existing law and the bill, these provisions do not apply to nurses' notes at children's hospitals.

**§ 25 — DELIVERY OF UNCLAIMED DECEASED BODY**

The bill gives acute care hospitals seven days to notify DPH and deliver an unclaimed dead body in its possession to a listed higher education institution for use in medical study. Current law requires hospitals to do so within 24 hours.

**§ 26 — DIET ORDERS FROM A DIETITIAN-NUTRITIONIST**

Existing law allows certified dietitian-nutritionists (CDNs) to directly order diets for patients, including therapeutic diets for patients in health care institutions. Under current law, a physician must countersign the order within 72 hours unless state or federal law provides otherwise. The bill eliminates this requirement.

By law, physicians may convey verbal orders to CDNs for such

diets. The bill requires these orders to be reduced to writing and countersigned by a physician within 72 hours unless state or federal law provides otherwise.

### **§ 27 — PLACENTA REMOVAL FROM HOSPITALS**

Under specified conditions, the bill permits a hospital to allow a woman who has given birth in the hospital, or her spouse if she is incapacitated or deceased, to take possession of the placenta and remove it from the hospital.

The woman who gave birth must test negative for infectious diseases. Also, the woman (or her spouse) taking possession of the placenta must:

1. do so for personal use and not for resale and
2. provide a written acknowledgment that (a) she (or her spouse) received from the hospital educational information on the spread of blood-borne diseases from a placenta, the danger of ingesting formalin, and the proper handling of a placenta, and (b) the placenta is for personal use.

The hospital must retain the signed acknowledgment with the woman's medical records.

The bill specifies that these provisions do not (1) prohibit a pathological examination of the delivered placenta ordered by a physician or required by hospital policy or (2) authorize a woman or her spouse to interfere with such an examination. The bill does not allow a woman or her spouse to take possession of the portion of a placenta needed for such an examination.

Under the bill, a hospital that allows someone to possess and remove a placenta under these provisions:

1. is not required to dispose of the placenta as biomedical waste and



2. is immune from liability in a civil action, criminal prosecution, or administrative proceeding for allowing this.

## **§ 28 — PSYCHOLOGY TECHNICIANS**

The bill allows psychology technicians with specified education and training to provide certain services related to psychological testing.

Under the bill, a “psychology technician” has a bachelor’s or graduate degree in psychology or another mental health field and completed at least 80 hours of training by a licensed psychologist, including at least:

1. 16 hours of studying and mastering information from psychological and neuropsychological testing manuals;
2. 20 hours of directly observing the psychologist administering and scoring objective psychological and neuropsychological tests;
3. 40 hours of administering and scoring such tests in the psychologist’s presence; and
4. four hours of education in professional ethics and best practices for administering and scoring such tests, including (a) the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct and (b) legal obligations on patient confidentiality and reporting any suspicion of patient abuse or neglect.

Under the bill, a technician’s services may include administering and scoring such tests with specific, predetermined, and manualized administrative procedures. A technician’s responsibilities may include observing and describing the patient’s behavior and test responses, but not evaluating, interpreting, or making other judgments concerning the patient or the patient’s test responses.

The bill allows these technicians to provide objective psychological and neuropsychological testing services under a psychologist’s

supervision and direction, as long as (1) the psychologist is satisfied as to the technician's ability and competency, (2) the services are consistent with the patient's health and welfare and with the practice of psychology, and (3) the psychologist oversees, controls, and directs the services.

The bill prohibits such a technician from:

1. selecting tests;
2. conducting intake assessments;
3. conducting clinical interviews, including interviews of the patient, the patient's relatives or friends, or other professionals associated with the patient;
4. interpreting patient data;
5. communicating test results or treatment recommendations to patients; or
6. administering tests in educational institutions.

These provisions do not apply to the activities and services of a person enrolled in a psychology technician educational program acceptable to the APA, if the activities and services are incidental to the course of study.

#### **§ 29 — PHYSICIAN CONTINUING EDUCATION**

The bill adds the Connecticut Osteopathic Medical Society to the list of qualifying continuing education providers for physicians. It also updates the name of another such qualifying organization, from "American Osteopathic Medical Association" to "American Osteopathic Association."

EFFECTIVE DATE: Upon passage

#### **§§ 30-32 — MARRIAGES AT TRIBAL RESERVATIONS**

Existing law requires recognition of marriages (or relationships that

provide substantially the same rights, benefits, and responsibilities) between two people entered into in other jurisdictions and recognized as valid in that jurisdiction, unless the relationship is expressly prohibited by Connecticut law. The bill:

1. specifies that this includes recognition of marriages entered into at the Mashantucket Pequot and Mohegan reservations;
2. exempts such marriages from requirements that generally apply to Connecticut marriages regarding marriage licenses and related matters; and
3. recognizes as valid any marriages celebrated before the bill’s passage under a tribal marriage license at the Mashantucket Pequot and Mohegan reservations, as long as the marriage was recognized under the applicable tribal law and is not otherwise expressly prohibited by state law.

EFFECTIVE DATE: Upon passage

**§ 34 — REPEALER**

The bill repeals laws:

1. establishing within DPH a birth defects surveillance program, within available funds, and specifying the confidentiality of information collected by the program (CGS §§ 19a-56a and - 56b);
2. allowing DPH to provide loans for the purchase of in-home hemodialysis machines (CGS § 19a-57); and
3. requiring DPH to appoint an advisory panel on the regulation of nurse-midwives (CGS § 20-86d).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 27 Nay 1 (03/21/2016)