



General Assembly

February Session, 2016

***Raised Bill No. 5537***

LCO No. 2459



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

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

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

1 Section 1. 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2 the 2016 supplement to the general statutes is repealed and the  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 Section 20-266p of the general statutes is repealed and the  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 under the provisions of section 20-  
46 266o. No person shall, during the time such person's license as a tattoo  
47 technician is revoked or suspended, practice or attempt or offer or  
48 advertise to practice tattooing or be employed by, work with or assist,

49 in any way, any person licensed to practice tattooing. Any person who  
50 violates any provision of this section shall be guilty of a class D  
51 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 the patients. 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. Section 67 of special act 14-5, as amended by section 67 of  
223 public act 14-231, is amended to read as follows (*Effective from passage*):

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

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



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

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233 the general statutes is repealed and the following is substituted in lieu  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

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

262 Accreditation Council for Graduate Medical Education. Eight hours of  
263 volunteer dental practice at a public health facility, as defined in  
264 section 20-126l, as amended by this act, may be substituted for one  
265 contact hour of continuing education, up to a maximum of ten contact  
266 hours in one twenty-four-month period.

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

270 (g) Each licensed dental hygienist applying for license renewal shall  
271 earn a minimum of sixteen hours of continuing education within the  
272 preceding twenty-four-month period, including, but not limited to, at  
273 least one hour of training or education in infection control in a dental  
274 setting. The subject matter for continuing education shall reflect the  
275 professional needs of the licensee in order to meet the health care  
276 needs of the public. Continuing education activities shall provide  
277 significant theoretical or practical content directly related to clinical or  
278 scientific aspects of dental hygiene. Qualifying continuing education  
279 activities include, but are not limited to, courses, including on-line  
280 courses, that are offered or approved by dental schools and other  
281 institutions of higher education that are accredited or recognized by  
282 the Council on Dental Accreditation, a regional accrediting  
283 organization, the American Dental Association, a state, district or local  
284 dental association or society affiliated with the American Dental  
285 Association, the National Dental Association, the American Dental  
286 Hygienists Association or a state, district or local dental hygiene  
287 association or society affiliated with the American Dental Hygienists  
288 Association, the Academy of General Dentistry, the Academy of  
289 Dental Hygiene, the American Red Cross or the American Heart  
290 Association when sponsoring programs in cardiopulmonary  
291 resuscitation or cardiac life support, the United States Department of  
292 Veterans Affairs and armed forces of the United States when  
293 conducting programs at United States governmental facilities, a  
294 hospital or other health care institution, agencies or businesses whose

295 programs are accredited or recognized by the Council on Dental  
296 Accreditation, local, state or national medical associations, or a state or  
297 local health department. Eight hours of volunteer dental practice at a  
298 public health facility, as defined in subsection (a) of this section, may  
299 be substituted for one hour of continuing education, up to a maximum  
300 of five hours in one two-year period. Activities that do not qualify  
301 toward meeting these requirements include professional  
302 organizational business meetings, speeches delivered at luncheons or  
303 banquets, and the reading of books, articles, or professional journals.  
304 Not more than four hours of continuing education may be earned  
305 through an on-line or other distance learning program.

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

309 (a) The Dental Commission may take any of the actions set forth in  
310 section 19a-17 for any of the following causes: (1) The presentation to  
311 the department of any diploma, license or certificate illegally or  
312 fraudulently obtained, or obtained from an institution that is not  
313 reputable or from an unrecognized or irregular institution or state  
314 board, or obtained by the practice of any fraud or deception; (2) proof  
315 that a practitioner has become unfit or incompetent or has been guilty  
316 of cruelty, incompetence, negligence or indecent conduct toward  
317 patients; (3) conviction of the violation of any of the provisions of this  
318 chapter by any court of criminal jurisdiction, provided no action shall  
319 be taken under section 19a-17 because of such conviction if any appeal  
320 to a higher court has been filed until the appeal has been determined  
321 by the higher court and the conviction sustained; (4) the employment  
322 of any unlicensed person for other than mechanical purposes in the  
323 practice of dental medicine or dental surgery subject to the provisions  
324 of section 20-122a; (5) the violation of any of the provisions of this  
325 chapter or of the regulations adopted hereunder or the refusal to  
326 comply with any of said provisions or regulations; (6) the aiding or  
327 abetting in the practice of dentistry, dental medicine or dental hygiene

328 of a person not licensed to practice dentistry, dental medicine or dental  
329 hygiene in this state; (7) designating a limited practice, except as  
330 provided in section 20-106a; (8) engaging in fraud or material  
331 deception in the course of professional activities; (9) the effects of  
332 physical or mental illness, emotional disorder or loss of motor skill,  
333 including, but not limited to, deterioration through the aging process,  
334 upon the license holder; (10) abuse or excessive use of drugs, including  
335 alcohol, narcotics or chemicals; (11) failure to comply with the  
336 continuing education requirements set forth in section 20-126c, as  
337 amended by this act; (12) failure of a holder of a permit authorizing the  
338 use of moderate sedation, deep sedation or general anesthesia to  
339 successfully complete an on-site evaluation conducted pursuant to  
340 subsection (c) of section 20-123b, as amended by this act; (13) failure to  
341 provide information to the Department of Public Health required to  
342 complete a health care provider profile, as set forth in section 20-13j;  
343 [or] (14) failure to maintain professional liability insurance or other  
344 indemnity against liability for professional malpractice as provided in  
345 section 20-126d; or (15) failure to adhere to the most recent version of  
346 the National Centers for Disease Control and Prevention's guidelines  
347 for infection control in dental care settings. A violation of any of the  
348 provisions of this chapter by any unlicensed employee in the practice  
349 of dentistry or dental hygiene, with the knowledge of the employer,  
350 shall be deemed a violation by the employer. The Commissioner of  
351 Public Health may order a license holder to submit to a reasonable  
352 physical or mental examination if his or her physical or mental  
353 capacity to practice safely is the subject of an investigation. Said  
354 commissioner may petition the superior court for the judicial district of  
355 Hartford to enforce such order or any action taken pursuant to section  
356 19a-17.

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

359 (a) A licensed dentist may delegate to dental assistants such dental  
360 procedures as the dentist may deem advisable, including the taking of

361 dental x-rays if the dental assistant can demonstrate successful  
362 completion of the dental radiography portion of an examination  
363 prescribed by the Dental Assisting National Board, but such  
364 procedures shall be performed under the dentist's supervision and  
365 control and the dentist shall assume responsibility for such  
366 procedures; provided such assistants may not engage in: (1) Diagnosis  
367 for dental procedures or dental treatment; (2) the cutting or removal of  
368 any hard or soft tissue or suturing; (3) the prescribing of drugs or  
369 medications that require the written or oral order of a licensed dentist  
370 or physician; (4) the administration of local, parenteral, inhalation or  
371 general anesthetic agents in connection with any dental operative  
372 procedure; (5) the taking of any impression of the teeth or jaws or the  
373 relationship of the teeth or jaws for the purpose of fabricating any  
374 appliance or prosthesis; (6) the placing, finishing and adjustment of  
375 temporary or final restorations, capping materials and cement bases; or  
376 (7) the practice of dental hygiene as defined in section 20-126l, as  
377 amended by this act.

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

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

388 (c) Nothing in this section shall prohibit: (1) A student enrolled in a  
389 doctoral or master's degree program accredited by the Council on  
390 Social Work Education from performing such work as is incidental to  
391 his course of study, provided such person is designated by a title  
392 which clearly indicates his status as a student; (2) [a person holding a

393 doctoral or master's degree from a program accredited by the Council  
394 on Social Work Education from gaining social work experience under  
395 professional supervision, provided such activities are necessary to  
396 satisfy the work experience required by section 20-195n and such  
397 person is designated as "social work intern", "social work trainee" or  
398 other title clearly indicating the status appropriate to his level of  
399 training; (3)] a person licensed or certified in this state in a field other  
400 than clinical social work from practicing within the scope of such  
401 license or certification; [(4)] (3) a person enrolled in an educational  
402 program or fulfilling other state requirements leading to licensure or  
403 certification in a field other than social work from engaging in work in  
404 such other field; [(5)] (4) a person who is employed or retained as a  
405 social work designee, social worker, or social work consultant by a  
406 nursing home or rest home licensed under section 19a-490, as amended  
407 by this act, and who meets the qualifications prescribed by the  
408 department in its regulations from performing the duties required of  
409 them in accordance with state and federal laws governing those duties;  
410 [(6)] (5) for the period from October 1, 2010, to October 1, 2013,  
411 inclusive, a master social worker from engaging in independent  
412 practice; [(7)] (6) a social worker from practicing community  
413 organization, policy and planning, research or administration that  
414 does not include engaging in clinical social work or supervising a  
415 social worker engaged in clinical treatment with clients; and [(8)] (7)  
416 individuals with a baccalaureate degree in social work from a Council  
417 on Social Work Education accredited program from performing  
418 nonclinical social work functions.

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

422 (4) Each person holding a license as a nurse-midwife shall, annually,  
423 during the month of such person's birth, register with the Department  
424 of Public Health, upon payment of one hundred thirty dollars, on  
425 blanks to be furnished by the department for such purpose, giving

426 such person's name in full, such person's residence and business  
427 address and such other information as the department requests. No  
428 such license shall be renewed unless the department is satisfied that  
429 the person maintains current certification from the [American College  
430 of Nurse-Midwives] Accreditation Midwifery Certification Board.

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

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

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

443 Nurse-midwives shall practice within a health care system and have  
444 clinical relationships with obstetrician-gynecologists that provide for  
445 consultation, collaborative management or referral, as indicated by the  
446 health status of the patient. Nurse-midwifery care shall be consistent  
447 with the standards of care established by the [American College of  
448 Nurse-Midwives] Accreditation Commission for Midwifery Education.  
449 Each nurse-midwife shall provide each patient with information  
450 regarding, or referral to, other providers and services upon request of  
451 the patient or when the care required by the patient is not within the  
452 midwife's scope of practice. Each nurse-midwife shall sign the birth  
453 certificate of each infant delivered by the nurse-midwife. If an infant is  
454 born alive and then dies within the twenty-four-hour period after  
455 birth, the nurse-midwife may make the actual determination and  
456 pronouncement of death provided: (1) The death is an anticipated

457 death; (2) the nurse-midwife attests to such pronouncement on the  
458 certificate of death; and (3) the nurse-midwife or a physician licensed  
459 pursuant to chapter 370 certifies the certificate of death not later than  
460 twenty-four hours after such pronouncement. In a case of fetal death,  
461 as described in section 7-60, the nurse-midwife who delivered the fetus  
462 may make the actual determination of fetal death and certify the date  
463 of delivery and that the fetus was born dead.

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

466 The Department of Public Health may issue a license to practice  
467 nurse-midwifery upon receipt of a fee of one hundred dollars, to an  
468 applicant who (1) is eligible for registered nurse licensure in this state,  
469 under sections 20-93 or 20-94; (2) holds and maintains current  
470 certification from the [American College of Nurse-Midwives]  
471 American Midwifery Certification Board; and (3) has completed thirty  
472 hours of education in pharmacology for nurse-midwifery. No license  
473 shall be issued under this section to any applicant against whom  
474 professional disciplinary action is pending or who is the subject of an  
475 unresolved complaint.

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

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



488 nurse has successfully completed a midwifery program approved by  
489 the [American College of Nurse-Midwives] Accreditation Commission  
490 for Midwifery Education.

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

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

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

520 to any applicant against whom professional disciplinary action is  
521 pending or who is the subject of an unresolved complaint in the  
522 context of providing services as a cosmetician.

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

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

531 (b) The Commissioner of Public Health shall adopt regulations, in  
532 accordance with chapter 54, for the testing of water quality in private  
533 residential wells and wells for semipublic use. Any laboratory or firm  
534 which conducts a water quality test on a private well serving a  
535 residential property or well for semipublic use shall, not later than  
536 thirty days after the completion of such test, report the results of such  
537 test to (1) the public health authority of the municipality where the  
538 property is located, and (2) the Department of Public Health in a  
539 format specified by the department, provided such report shall not be  
540 required if the party for whom the laboratory or firm conducted such  
541 test informs the laboratory or firm that the test was not conducted  
542 within six months of the sale of such property. No regulation may  
543 require such a test to be conducted as a consequence or a condition of  
544 the sale, exchange, transfer, purchase or rental of the real property on  
545 which the private residential well or well for semipublic use is located.  
546 For purposes of this section, "laboratory or firm" means an  
547 environmental laboratory registered by the Department of Public  
548 Health pursuant to section 19a-29a.

549 (c) Prior to the sale, exchange, purchase, transfer or rental of real  
550 property on which a residential well is located, the owner shall

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

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

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

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

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

603 (h) Any owner of a residential construction, including, but not  
604 limited to, a homeowner, on which a private residential well is located  
605 or any general contractor of a new residential construction on which a  
606 private residential well is located may collect samples of well water for  
607 submission to a laboratory or firm for the purposes of testing water  
608 quality pursuant to this section, provided (1) such laboratory or firm  
609 has provided instructions to said owner or general contractor on how  
610 to collect such samples, and (2) such owner or general contractor is  
611 identified to the subsequent owner on a form to be prescribed by the  
612 Department of Public Health. No regulation may prohibit or impede  
613 such collection or analysis.

614 (i) The local director of health may require private residential wells  
615 and wells for semipublic use to be tested for pesticides, herbicides or

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

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

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

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

635 (a) The administrative officer or other person in charge of each  
636 institution caring for newborn infants shall cause to have administered  
637 to every such infant in its care an HIV-related test, as defined in section  
638 19a-581, a test for phenylketonuria and other metabolic diseases,  
639 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine  
640 disease, homocystinuria, biotinidase deficiency, congenital adrenal  
641 hyperplasia, severe combined immunodeficiency disease,  
642 adrenoleukodystrophy and such other tests for inborn errors of  
643 metabolism as shall be prescribed by the Department of Public Health.  
644 The tests shall be administered as soon after birth as is medically  
645 appropriate. If the mother has had an HIV-related test pursuant to  
646 section 19a-90 or 19a-593, the person responsible for testing under this

647 section may omit an HIV-related test. The Commissioner of Public  
648 Health shall (1) administer the newborn screening program, (2) direct  
649 persons identified through the screening program to appropriate  
650 specialty centers for treatments, consistent with any applicable  
651 confidentiality requirements, and (3) set the fees to be charged to  
652 institutions to cover all expenses of the comprehensive screening  
653 program including testing, tracking and treatment. The fees to be  
654 charged pursuant to subdivision (3) of this subsection shall be set at a  
655 minimum of ninety-eight dollars. The Commissioner of Public Health  
656 shall publish a list of all the abnormal conditions for which the  
657 department screens newborns under the newborn screening program,  
658 which shall include screening for amino acid disorders, organic acid  
659 disorders and fatty acid oxidation disorders, including, but not limited  
660 to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD) and  
661 medium-chain acyl-CoA dehydrogenase (MCAD).

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

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

680 testing described in this subsection.]

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

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

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

695 (j) (1) A chronic disease hospital shall (A) maintain its medical  
696 records on-site in an accessible manner or be able to retrieve such  
697 records from an off-site location not later than twenty-four hours after  
698 receiving a request for such records, (B) keep a patient's medical  
699 records on-site for a minimum of ten years after the date of such  
700 patient's discharge, except the hospital may destroy the patient's  
701 original medical records prior to the expiration of the ten-year period if  
702 a copy of such medical records is preserved by a process that is  
703 consistent with current hospital standards, or (C) complete a patient's  
704 medical records not more than thirty days after the date of such  
705 patient's discharge, except in unusual circumstances that shall be  
706 specified in the hospital's rules and regulations for its medical staff.  
707 Each chronic disease hospital shall provide the Department of Public  
708 Health with a list of the process it uses for preserving a copy of  
709 medical records in accordance with subparagraph (B) of this  
710 subdivision.

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

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

725 The first selectman of any town, the mayor of any city, the  
726 administrative head of any state correctional institution or the  
727 superintendent or person in charge of any almshouse, asylum,  
728 hospital, morgue or other public institution which is supported, in  
729 whole or in part, at public expense, having in his or her possession or  
730 control the dead body of any person which, if not claimed as provided  
731 in this section, would have to be buried at public expense, or at the  
732 expense of any such institution, shall, immediately upon the death of  
733 such person, notify such person's relatives thereof, if known, and, if  
734 such relatives are not known, shall notify the person or persons  
735 bringing or committing such person to such institution. [Such] An  
736 acute care hospital official shall, not later than seven days after the date  
737 on which such body came into his or her possession or control, and  
738 such other official shall, [within] not later than twenty-four hours  
739 [from] after the time such body came into his or her possession or  
740 control, give notice thereof to the Department of Public Health and  
741 shall deliver such body to The University of Connecticut, Quinnipiac  
742 University, the Yale University School of Medicine or the University of  
743 Bridgeport College of Chiropractic or its successor institution, as said



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

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

775 A certified dietitian-nutritionist may write an order for a patient  
776 diet, including, but not limited to, a therapeutic diet for a patient in an

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

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

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

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

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

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

806 (d) This section does not (1) prohibit a pathological examination of

807 the delivered placenta that is ordered by a physician or required by a  
808 policy of the hospital, or (2) authorize a woman or the woman's spouse  
809 to interfere with a pathological examination of the delivered placenta  
810 that is ordered by a physician or required by a policy of the hospital.

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

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

819 Sec. 28. (NEW) (*Effective October 1, 2016*) (a) As used in this section,  
820 "psychology technician" means a person who (1) holds a bachelor's or  
821 graduate degree in psychology, and (2) has undergone not less than  
822 eighty hours of training by a psychologist licensed pursuant to chapter  
823 383 of the general statutes, including, but not limited to, (A) education  
824 in professional ethics and best practices for the administration and  
825 scoring of objective psychological and neuropsychological tests, (B)  
826 direct observation of the administration and scoring of objective  
827 psychological and neuropsychological tests by the psychologist, and  
828 (C) not less than forty hours of administering and scoring objective  
829 psychological and neuropsychological tests in the presence of the  
830 psychologist.

831 (b) The services provided by psychology technicians include the  
832 administration and scoring of objective psychological or  
833 neuropsychological tests with specific, predetermined and manualized  
834 administrative procedures. The responsibilities of a psychology  
835 technician include, but are not limited to, observing and describing the  
836 behavior of the patient taking the test and the patient's test responses,  
837 but shall not include evaluation, interpretation or other judgments

838 concerning the patient or the patient's test responses.

839 (c) A psychology technician may provide objective psychological or  
840 neuropsychological testing services under the supervision and  
841 direction of a psychologist licensed pursuant to chapter 383 of the  
842 general statutes, provided: (1) The psychologist is satisfied as to the  
843 ability and competency of the psychology technician; (2) services  
844 provided are consistent with the health and welfare of the patient and  
845 in keeping with the practice of psychology; and (3) such services are  
846 provided under the oversight, control and direction of the  
847 psychologist.

848 (d) Nothing in this section shall be construed to apply to the  
849 activities and services of a person who is enrolled in a psychology  
850 technician educational program acceptable to the American  
851 Psychological Association, provided such activities and services are  
852 incidental to the course of study.

853 (e) A psychology technician shall not: (1) Select tests; (2) conduct  
854 intake assessments; (3) conduct clinical interviews, including, but not  
855 limited to, patient interviews and collateral interviews of relatives,  
856 friends of the patient or other professionals associated with the patient;  
857 (4) interpret patient data; (5) communicate test results or treatment  
858 recommendations to patients; or (6) administer tests in educational  
859 institutions.

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

863 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
864 this section, a licensee applying for license renewal shall earn a  
865 minimum of fifty contact hours of continuing medical education  
866 within the preceding twenty-four-month period. Such continuing  
867 medical education shall (1) be in an area of the physician's practice; (2)  
868 reflect the professional needs of the licensee in order to meet the health

869 care needs of the public; and (3) during the first renewal period in  
870 which continuing medical education is required and not less than once  
871 every six years thereafter, include at least one contact hour of training  
872 or education in each of the following topics: (A) Infectious diseases,  
873 including, but not limited to, acquired immune deficiency syndrome  
874 and human immunodeficiency virus, (B) risk management, including,  
875 but not limited to, for registration periods beginning on or after  
876 October 1, 2015, prescribing controlled substances and pain  
877 management, (C) sexual assault, (D) domestic violence, (E) cultural  
878 competency, and (F) behavioral health, provided further that on and  
879 after January 1, 2016, such behavioral health continuing medical  
880 education may include, but not be limited to, at least two contact hours  
881 of training or education during the first renewal period in which  
882 continuing education is required and not less than once every six years  
883 thereafter, on the topic of mental health conditions common to  
884 veterans and family members of veterans, including (i) determining  
885 whether a patient is a veteran or family member of a veteran, (ii)  
886 screening for conditions such as post-traumatic stress disorder, risk of  
887 suicide, depression and grief, and (iii) suicide prevention training. For  
888 purposes of this section, qualifying continuing medical education  
889 activities include, but are not limited to, courses offered or approved  
890 by the American Medical Association, American Osteopathic [Medical]  
891 Association, Connecticut Hospital Association, Connecticut State  
892 Medical Society, Connecticut Osteopathic Medical Society, county  
893 medical societies or equivalent organizations in another jurisdiction,  
894 educational offerings sponsored by a hospital or other health care  
895 institution or courses offered by a regionally accredited academic  
896 institution or a state or local health department. The commissioner, or  
897 the commissioner's designee, may grant a waiver for not more than ten  
898 contact hours of continuing medical education for a physician who: (i)  
899 Engages in activities related to the physician's service as a member of  
900 the Connecticut Medical Examining Board, established pursuant to  
901 section 20-8a; (ii) engages in activities related to the physician's service  
902 as a member of a medical hearing panel, pursuant to section 20-8a; or

903 (iii) assists the department with its duties to boards and commissions  
 904 as described in section 19a-14.

905 Sec. 30. Sections 19a-56a, 19a-56b, 19a-57 and 20-86d of the general  
 906 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. 67
Sec. 9	<i>October 1, 2016</i>	20-123b
Sec. 10	<i>October 1, 2016</i>	20-126c(b)
Sec. 11	<i>October 1, 2016</i>	20-126l(g)
Sec. 12	<i>October 1, 2016</i>	20-114(a)
Sec. 13	<i>October 1, 2016</i>	20-112a
Sec. 14	<i>October 1, 2016</i>	20-195q(c)
Sec. 15	<i>October 1, 2016</i>	19a-88(c)(4)
Sec. 16	<i>October 1, 2016</i>	20-86a(2)
Sec. 17	<i>October 1, 2016</i>	20-86b
Sec. 18	<i>October 1, 2016</i>	20-86c
Sec. 19	<i>October 1, 2016</i>	20-86i
Sec. 20	<i>October 1, 2016</i>	20-254
Sec. 21	<i>October 1, 2016</i>	19a-37
Sec. 22	<i>October 1, 2016</i>	46b-20a(1)
Sec. 23	<i>October 1, 2016</i>	19a-55
Sec. 24	<i>October 1, 2016</i>	19a-491(j)(1) and (2)
Sec. 25	<i>October 1, 2016</i>	19a-270
Sec. 26	<i>October 1, 2016</i>	20-206q
Sec. 27	<i>October 1, 2016</i>	New section
Sec. 28	<i>October 1, 2016</i>	New section
Sec. 29	<i>from passage</i>	20-10b(b)
Sec. 30	<i>October 1, 2016</i>	Repealer section

**Statement of Purpose:**

To make various revisions to the public health statutes.

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