



General Assembly

Substitute Bill No. 5537

February Session, 2016

* _____HB05537PH_____032216_____*

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2 the 2016 supplement to the general statutes is repealed and the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 Section 20-266p of the general statutes is repealed and the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	<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>from passage</i>	46b-24(a)
Sec. 31	<i>from passage</i>	New section
Sec. 32	<i>from passage</i>	46b-28a

Sec. 33	<i>October 1, 2016</i>	19a-498(c)
Sec. 34	<i>October 1, 2016</i>	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.*