



General Assembly

February Session, 2016

Raised Bill No. 67

LCO No. 615



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE AUTHORITY AND RESPONSIBILITIES OF
ADVANCED PRACTICE REGISTERED NURSES.***

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

1 Section 1. Subsection (c) of section 1-350h of the 2016 supplement to
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2016*):

4 (c) If a power of attorney becomes effective upon the principal's
5 incapacity and the principal has not authorized a person to determine
6 whether the principal is incapacitated, or the person authorized is
7 unable or unwilling to make the determination, the power of attorney
8 becomes effective upon a determination in a writing or other record
9 by:

10 (1) Two independent physicians or advanced practice registered
11 nurses, or one independent physician and one independent advanced
12 practice registered nurse, that the principal is incapacitated within the
13 meaning set forth in subparagraph (A) of subdivision (5) of section 1-
14 350a; or

15 (2) A judge that the principal is incapacitated within the meaning set
16 forth in subparagraph (B) of subdivision (5) of section 1-350a.

17 Sec. 2. Subsection (b) of section 1-350i of the 2016 supplement to the
18 general statutes is repealed and the following is substituted in lieu
19 thereof (*Effective October 1, 2016*):

20 (b) An agent's authority terminates when:

21 (1) The principal revokes the authority;

22 (2) A court terminates the agent's authority pursuant to subsection
23 (b) of section 1-350g;

24 (3) The agent dies or resigns;

25 (4) The agent becomes incapacitated. Unless the power of attorney
26 otherwise provides, an agent shall be determined to be incapable of
27 acting as an agent upon a determination in a writing or other record
28 that the agent is incapacitated:

29 (A) Within the meaning set forth in subparagraph (A) of subdivision
30 (5) of section 1-350a, by:

31 (i) A judge in a court proceeding;

32 (ii) Two independent physicians, two independent advanced
33 practice registered nurses or one independent physician and one
34 independent advanced practice registered nurse; or

35 (iii) A successor agent, designated in accordance with section 1-350j,
36 if a written opinion of a physician or an advanced practice registered
37 nurse cannot be obtained either due to the refusal of an agent to be
38 examined by a physician or an advanced practice registered nurse or
39 due to an agent's failure to execute an authorization to release medical
40 information; or

41 (B) Within the meaning set forth in subparagraph (B) of subdivision

42 (5) of section 1-350a, by a judge;

43 (5) An action is filed for the dissolution or annulment of the agent's
44 marriage to the principal or their legal separation, unless the power of
45 attorney otherwise provides; or

46 (6) The power of attorney terminates.

47 Sec. 3. Section 3-39j of the 2016 supplement to the general statutes is
48 repealed and the following is substituted in lieu thereof (*Effective*
49 *October 1, 2016*):

50 As used in this section and sections 3-39k to 3-39q, inclusive:

51 (1) "Achieving a better life experience account" or "ABLE account"
52 means an account established and maintained pursuant to sections 3-
53 39k to 3-39q, inclusive, for the purposes of paying the qualified
54 disability expenses related to the blindness or disability of a
55 designated beneficiary.

56 (2) "Contracting state" means a state without a qualified ABLE
57 program that has entered into a contract with the State Treasurer or
58 other officer of this state to provide residents of the contracting state
59 with access to qualified ABLE programs.

60 (3) "Deposit" means a deposit, payment, contribution, gift or other
61 transfer of funds.

62 (4) "Depositor" means any person making a deposit into an ABLE
63 account pursuant to a participation agreement.

64 (5) "Designated beneficiary" means any individual state resident or
65 resident of a contracting state originally designated in the participation
66 agreement who is an eligible individual and is the owner of an ABLE
67 account.

68 (6) "Disability certification" means, with respect to an individual, a

69 certification to the satisfaction of the Secretary of the Treasury of the
70 United States by the individual or the parent or guardian of the
71 individual that (A) certifies that (i) the individual has a medically
72 determinable physical or mental impairment, that results in marked
73 and severe functional limitations, and that can be expected to result in
74 death or that has lasted or can be expected to last for a continuous
75 period of not less than twelve months, or is blind within the meaning
76 of Section 1614(a)(2) of the Social Security Act, and (ii) such
77 impairment or blindness occurred before the date on which the
78 individual attained the age of twenty-six, and (B) includes a copy of
79 the individual's diagnosis relating to the individual's relevant
80 impairment or blindness that is signed by a physician who is licensed
81 pursuant to chapter 370 or an advanced practice registered nurse who
82 is licensed pursuant to chapter 378.

83 (7) "Eligible individual" means an individual who is entitled to
84 benefits during a taxable year based on blindness or disability under
85 Title II or XVI of the Social Security Act, and such blindness or
86 disability occurred before the date on which the individual attained
87 the age of twenty-six, provided a disability certification with respect to
88 such individual is filed with the State Treasurer for such taxable year.

89 (8) "Federal ABLÉ Act" means the federal ABLÉ Act of 2014, P.L.
90 113-295, as amended from time to time.

91 (9) "Participation agreement" means an agreement between the trust
92 established pursuant to section 3-39k and depositors that provides for
93 participation in an ABLÉ account for the benefit of a designated
94 beneficiary.

95 (10) "Qualified disability expenses" means any expenses related to
96 an eligible individual's blindness or disability that are made for the
97 benefit of an eligible individual who is the designated beneficiary,
98 including the following expenses: Education, housing, transportation,
99 employment training and support, assistive technology and personal

100 support services, health, prevention and wellness, financial
101 management and administrative services, legal fees, expenses for
102 oversight and monitoring, funeral and burial expenses, and other
103 expenses that are approved by the Secretary of the Treasury of the
104 United States under regulations adopted by the Secretary pursuant to
105 the federal ABLE Act.

106 Sec. 4. Subsection (b) of section 3-123aa of the general statutes is
107 repealed and the following are substituted in lieu thereof (*Effective*
108 *October 1, 2016*):

109 (b) There is established the Connecticut Homecare Option Program
110 for the Elderly, to allow individuals to plan for the cost of services that
111 will allow them to remain in their homes or in a noninstitutional
112 setting as they age. The Comptroller shall establish the Connecticut
113 Home Care Trust Fund, which shall be comprised of individual
114 savings accounts for those qualified home care expenses not covered
115 by a long-term care insurance policy and for those qualified home care
116 expenses that supplement the coverage provided by a long-term care
117 policy or Medicare. Withdrawals from the fund may be used for
118 qualified home care expenses, upon receipt by the fund of a
119 [physician's] certification signed by a licensed physician or a licensed
120 advanced practice registered nurse that the designated beneficiary is in
121 need of services for the instrumental activities of daily living. Upon the
122 death of a designated beneficiary, any available funds in such
123 beneficiary's account shall be an asset of the estate of such beneficiary.

124 Sec. 5. Subsections (c) and (d) of section 5-248a of the 2016
125 supplement to the general statutes are repealed and the following is
126 substituted in lieu thereof (*Effective October 1, 2016*):

127 (c) Any permanent employee who requests a medical leave of
128 absence due to the employee's serious illness or a family leave of
129 absence due to the serious illness of a child, spouse or parent pursuant
130 to subsection (a) of this section or a military caregiver leave of absence

131 pursuant to subsection (g) of this section shall be required by the
132 employee's appointing authority, prior to the inception of such leave,
133 to provide sufficient written certification from the physician or
134 advanced practice registered nurse of such employee, child, spouse,
135 parent or next of kin of the employee, as appropriate, of the nature of
136 such illness and its probable duration. For the purposes of this section,
137 "serious illness" means an illness, injury, impairment or physical or
138 mental condition that involves (1) inpatient care in a hospital, hospice
139 or residential care facility, or (2) continuing treatment or continuing
140 supervision by a health care provider.

141 (d) Any permanent employee who requests a medical leave of
142 absence in order to serve as an organ or bone marrow donor pursuant
143 to subsection (a) of this section shall be required by the employee's
144 appointing authority, prior to the inception of such leave, to provide
145 sufficient written certification from the physician or advanced practice
146 registered nurse of such employee of the proposed organ or bone
147 marrow donation and the probable duration of the employee's
148 recovery period from such donation.

149 Sec. 6. Subdivision (16) of section 10-183b of the general statutes is
150 repealed and the following is substituted in lieu thereof (*Effective*
151 *October 1, 2016*):

152 (16) "Formal application of retirement" means the member's
153 application, birth certificate or notarized statement supported by other
154 evidence satisfactory to the board, in lieu thereof, records of service
155 when required by the board to determine a salary rate or years of
156 creditable service, statement of payment plan and, in the case of an
157 application for a disability benefit, a physician's or an advanced
158 practice registered nurse's statement of health.

159 Sec. 7. Subsections (e) and (f) of section 10-212a of the 2016
160 supplement to the general statutes are repealed and the following is
161 substituted in lieu thereof (*Effective October 1, 2016*):

162 (e) (1) With the written authorization of a student's parent or
163 guardian, and (2) pursuant to a written order of the student's physician
164 licensed under chapter 370, or the student's advanced practice
165 registered nurse licensed under chapter 378, a school nurse or a school
166 principal shall select, and a school nurse shall provide general
167 supervision to, a qualified school employee to administer medication
168 with injectable equipment used to administer glucagon to a student
169 with diabetes that may require prompt treatment in order to protect
170 the student against serious harm or death. Such authorization shall be
171 limited to situations when the school nurse is absent or unavailable.
172 No qualified school employee shall administer medication under this
173 subsection unless (A) such qualified school employee annually
174 completes any training required by the school nurse and school
175 medical advisor, if any, in the administration of medication with
176 injectable equipment used to administer glucagon, (B) the school nurse
177 and school medical advisor, if any, have attested, in writing, that such
178 qualified school employee has completed such training, and (C) such
179 qualified school employee voluntarily agrees to serve as a qualified
180 school employee. For purposes of this subsection, "injectable
181 equipment used to administer glucagon" means an injector or
182 injectable equipment used to deliver glucagon in an appropriate dose
183 for emergency first aid response to diabetes. For purposes of this
184 subsection, "qualified school employee" means a principal, teacher,
185 licensed athletic trainer, licensed physical or occupational therapist
186 employed by a school district, coach or school paraprofessional.

187 (f) (1) (A) With the written authorization of a student's parent or
188 guardian, and (B) pursuant to the written order of a physician licensed
189 under chapter 370, or an advanced practice registered nurse licensed
190 under chapter 378, a school nurse and a school medical advisor, if any,
191 shall select, and a school nurse shall provide general supervision to, a
192 qualified school employee to administer antiepileptic medication,
193 including by rectal syringe, to a specific student with a medically
194 diagnosed epileptic condition that requires prompt treatment in

195 accordance with the student's individual seizure action plan. Such
196 authorization shall be limited to situations when the school nurse is
197 absent or unavailable. No qualified school employee shall administer
198 medication under this subsection unless (i) such qualified school
199 employee annually completes the training program described in
200 subdivision (2) of this subsection, (ii) the school nurse and school
201 medical advisor, if any, have attested, in writing, that such qualified
202 school employee has completed such training, (iii) such qualified
203 school employee receives monthly reviews by the school nurse to
204 confirm such qualified school employee's competency to administer
205 antiepileptic medication under this subsection, and (iv) such qualified
206 school employee voluntarily agrees to serve as a qualified school
207 employee. For purposes of this subsection, "qualified school employee"
208 means a principal, teacher, licensed athletic trainer, licensed physical
209 or occupational therapist employed by a school district, coach or
210 school paraprofessional.

211 (2) The Department of Education, in consultation with the School
212 Nurse Advisory Council, established pursuant to section 10-212f, and
213 the Association of School Nurses of Connecticut, shall develop an
214 antiepileptic medication administrating training program. Such
215 training program shall include instruction in (A) an overview of
216 childhood epilepsy and types of seizure disorders, (B) interpretation of
217 individual student's emergency seizure action plan and recognition of
218 individual student's seizure activity, (C) emergency management
219 procedures for seizure activity, including administration techniques
220 for emergency seizure medication, (D) when to activate emergency
221 medical services and postseizure procedures and follow-up, (E)
222 reporting procedures after a student has required such delegated
223 emergency seizure medication, and (F) any other relevant issues or
224 topics related to emergency interventions for students who experience
225 seizures.

226 Sec. 8. Section 10-220j of the general statutes is repealed and the
227 following is substituted in lieu thereof (*Effective October 1, 2016*):

228 (a) No local or regional board of education may prohibit blood
229 glucose self-testing by children with diabetes who have a written order
230 from a physician or an advanced practice registered nurse stating the
231 need and the capability of such child to conduct self-testing. No local
232 or regional board of education may restrict the time and location of
233 blood glucose self-testing by a child with diabetes on school grounds
234 who has written authorization from a parent or guardian and a written
235 order from a physician or an advanced practice registered nurse
236 stating that such child is capable of conducting self-testing on school
237 grounds.

238 (b) The Commissioner of Education, in consultation with the
239 Commissioner of Public Health, shall develop guidelines for policies
240 and practices with respect to blood glucose self-testing by children
241 pursuant to subsection (a) of this section. Such guidelines shall not be
242 construed as regulations within the scope of chapter 54.

243 Sec. 9. Section 10-305 of the general statutes is repealed and the
244 following is substituted in lieu thereof (*Effective October 1, 2016*):

245 Each physician, advanced practice registered nurse and optometrist
246 shall report in writing to the Department of Rehabilitation Services
247 within thirty days each blind person coming under his or her private
248 or institutional care within this state. The report of such blind person
249 shall include the name, address, Social Security number, date of birth,
250 date of diagnosis of blindness and degree of vision. Such reports shall
251 not be open to public inspection.

252 Sec. 10. Subsection (b) of section 14-44 of the 2016 supplement to the
253 general statutes is repealed and the following is substituted in lieu
254 thereof (*Effective October 1, 2016*):

255 (b) No operator's license bearing a public passenger endorsement
256 shall be issued or renewed in accordance with the provisions of this
257 section or section 14-36a, until the Commissioner of Motor Vehicles, or
258 the commissioner's authorized representative, is satisfied that the

259 applicant is a proper person to receive such an operator's license
260 bearing an endorsement, holds a valid motor vehicle operator's license,
261 or, if necessary for the class of vehicle operated, a commercial driver's
262 license and is at least eighteen years of age. Each applicant for an
263 operator's license bearing a public passenger endorsement or the
264 renewal of such a license shall furnish the Commissioner of Motor
265 Vehicles, or the commissioner's authorized representative, with
266 satisfactory evidence, under oath, to prove that such person has no
267 criminal record and has not been convicted of a violation of subsection
268 (a) of section 14-227a within five years of the date of application and
269 that no reason exists for a refusal to grant or renew such an operator's
270 license bearing a public passenger endorsement. Each applicant for
271 such an operator's license bearing a public passenger endorsement
272 shall submit with the application proof satisfactory to the
273 Commissioner of Motor Vehicles that such applicant has passed a
274 physical examination administered not more than ninety days prior to
275 the date of application, and which is in compliance with safety
276 regulations established from time to time by the United States
277 Department of Transportation. Each applicant for renewal of such
278 license shall present evidence that such applicant is in compliance with
279 the medical qualifications established in 49 CFR 391, as amended,
280 provided an applicant for a Class D operator's license bearing an
281 endorsement described in subsection (c) of section 14-36a, shall be
282 deemed medically qualified if such applicant (1) controls with
283 medication, as certified by a licensed physician or a licensed advanced
284 practice registered nurse, a medical condition that would otherwise
285 deem such applicant not medically qualified, and (2) would qualify for
286 a waiver or exemption under 49 CFR 391, as amended. Each applicant
287 for such an operator's license bearing a public passenger endorsement
288 shall be fingerprinted before the license bearing a public passenger
289 endorsement is issued.

290 Sec. 11. Subsection (b) of section 14-73 of the general statutes is
291 repealed and the following is substituted in lieu thereof (*Effective*

292 *October 1, 2016*):

293 (b) Application for an instructor's license shall be in writing and
294 shall contain such information as the commissioner requires. Each
295 applicant for a license shall be fingerprinted and shall furnish evidence
296 satisfactory to the commissioner that such applicant (1) is of good
297 moral character considering such person's state and national criminal
298 history records checks conducted in accordance with section 29-17a,
299 and record, if any, on the state child abuse and neglect registry
300 established pursuant to section 17a-101k. If any applicant for a license
301 or the renewal of a license has a criminal record or is listed on the state
302 child abuse and neglect registry, the commissioner shall make a
303 determination of whether to issue or renew an instructor's license in
304 accordance with the standards and procedures set forth in section 14-
305 44, as amended by this act, and the regulations adopted pursuant to
306 said section; (2) has held a license to drive a motor vehicle for the past
307 four consecutive years and has a driving record satisfactory to the
308 commissioner, including no record of a conviction or administrative
309 license suspension for a drug or alcohol-related offense during such
310 four-year period; (3) has had a recent medical examination by a
311 physician or an advanced practice registered nurse licensed to practice
312 within the state and the physician or advanced practice registered
313 nurse certifies that the applicant is physically fit to operate a motor
314 vehicle and instruct in driving; (4) has received a high school diploma
315 or has an equivalent academic education; and (5) has completed an
316 instructor training course of forty-five clock hours given by a school or
317 agency approved by the commissioner, except that any such course
318 given by an institution under the jurisdiction of the board of trustees of
319 the Connecticut State University System shall be approved by the
320 commissioner and the State Board of Education. During the period of
321 licensure, an instructor shall notify the commissioner, within forty-
322 eight hours, of an arrest or conviction for a misdemeanor or felony, or
323 an arrest, conviction or administrative license suspension for a drug or
324 alcohol-related offense.

325 Sec. 12. Subdivision (2) of subsection (c) of section 14-100a of the
326 general statutes is repealed and the following is substituted in lieu
327 thereof (*Effective October 1, 2016*):

328 (2) The provisions of subdivision (1) of this subsection shall not
329 apply to (A) any person whose physical disability or impairment
330 would prevent restraint in such safety belt, provided such person
331 obtains a written statement from a licensed physician or an advanced
332 practice registered nurse containing reasons for such person's inability
333 to wear such safety belt and including information concerning the
334 nature and extent of such condition. Such person shall carry the
335 statement on his or her person or in the motor vehicle at all times when
336 it is being operated, or (B) an authorized emergency vehicle, other than
337 fire fighting apparatus, responding to an emergency call or a motor
338 vehicle operated by a rural letter carrier of the United States postal
339 service while performing his or her official duties or by a person
340 engaged in the delivery of newspapers.

341 Sec. 13. Subsection (c) of section 14-286 of the 2016 supplement to
342 the general statutes is repealed and the following is substituted in lieu
343 thereof (*Effective October 1, 2016*):

344 (c) (1) Notwithstanding the provisions of subsection (b) of this
345 section, the Commissioner of Motor Vehicles may issue to a person
346 who does not hold a valid operator's license a special permit that
347 authorizes such person to ride a motor-driven cycle if (A) such person
348 presents to the commissioner a certificate by a physician licensed to
349 practice medicine in this state or an advanced practice registered nurse
350 licensed pursuant to chapter 378 that such person is physically
351 disabled, as defined in section 1-1f, other than blind, and that, in the
352 physician's or advanced practice registered nurse's opinion, such
353 person is capable of riding a motor-driven cycle, and (B) such person
354 demonstrates to the Commissioner of Motor Vehicles that he is able to
355 ride a bicycle on level terrain, and a motor-driven cycle. (2) Such
356 permit may contain limitations that the commissioner deems advisable

357 for the safety of such person and for the public safety, including, but
358 not limited to, the maximum speed of the motor such person may use.
359 No person who holds a valid special permit under this subsection shall
360 operate a motor-driven cycle in violation of any limitations imposed in
361 the permit. Any person to whom a special permit is issued shall carry
362 the permit at all times while operating the motor-driven cycle. Each
363 permit issued under this subsection shall expire one year from the date
364 of issuance.

365 Sec. 14. Section 14-314c of the general statutes is repealed and the
366 following is substituted in lieu thereof (*Effective October 1, 2016*):

367 (a) The Office of the State Traffic Administration, on any state
368 highway, or a local traffic authority, on any highway under its control,
369 shall, upon receipt of an application on behalf of any person under the
370 age of eighteen who is deaf, as certified by a physician or an advanced
371 practice registered nurse, erect one or more signs in the person's
372 neighborhood to warn motor vehicle operators of the presence of the
373 deaf person.

374 (b) The Office of the State Traffic Administration may adopt
375 regulations in accordance with the provisions of chapter 54 to carry out
376 the purposes of this section.

377 Sec. 15. Subsection (f) of section 17b-261p of the general statutes is
378 repealed and the following is substituted in lieu thereof (*Effective*
379 *October 1, 2016*):

380 (f) (1) A nursing home, on behalf of an applicant, may request an
381 extension of time to claim undue hardship pursuant to subsections (b)
382 and (e) of this section if (A) the applicant is receiving long-term care
383 services in such nursing home, (B) the applicant has no legal
384 representative, and (C) the nursing home provides certification from a
385 physician or an advanced practice registered nurse that the applicant is
386 incapable of caring for himself or herself, as defined in section 45a-644,
387 or incapable of managing his or her affairs, as defined in section 45a-

388 644. The commissioner shall grant such request to allow a legal
389 representative to be appointed to act on behalf of the applicant.

390 (2) The commissioner shall accept any claim filed pursuant to
391 subsection (b) of this section by a nursing home and allow the nursing
392 home to represent the applicant with regard to such claim if the
393 applicant or the legal representative of the applicant gives permission
394 to the nursing home to file a claim pursuant to subsection (b) of this
395 section.

396 Sec. 16. Section 18-94 of the general statutes is repealed and the
397 following is substituted in lieu thereof (*Effective October 1, 2016*):

398 When the medical officer of, or any physician or advanced practice
399 registered nurse employed in, any correctional or charitable institution
400 reports in writing to the warden, superintendent or other officer in
401 charge of such institution that any inmate thereof committed thereto
402 by any court or supported therein in whole or in part at public expense
403 is afflicted with any venereal disease so that his discharge from such
404 institution would be dangerous to the public health, such inmate shall,
405 with the approval of such warden, superintendent or other officer in
406 charge, be detained in such institution until such medical officer, [or]
407 physician or advanced practice registered nurse reports in writing to
408 the warden, superintendent or officer in charge of such institution that
409 such inmate may be discharged therefrom without danger to the
410 public health. During detention the person so detained shall be
411 supported in the same manner as before such detention.

412 Sec. 17. Subsection (h) of section 19a-12e of the 2016 supplement to
413 the general statutes is repealed and the following is substituted in lieu
414 thereof (*Effective October 1, 2016*):

415 (h) As part of an investigation of a petition filed pursuant to this
416 section, the department may order the health care professional to
417 submit to a physical or mental examination to be performed by a
418 physician or an advanced practice registered nurse chosen from a list

419 approved by the department. The department may seek the advice of
420 established medical organizations or licensed health professionals in
421 determining the nature and scope of any diagnostic examinations to be
422 used as part of any such physical or mental examination. The chosen
423 physician or advanced practice registered nurse shall make a written
424 statement of his or her findings.

425 Sec. 18. Section 19a-197a of the 2016 supplement to the general
426 statutes is repealed and the following is substituted in lieu thereof
427 (*Effective October 1, 2016*):

428 (a) As used in this section, "emergency medical technician" means
429 (1) any class of emergency medical technician certified under
430 regulations adopted pursuant to section 20-206oo, including, but not
431 limited to, any advanced emergency medical technician, and (2) any
432 paramedic licensed pursuant to section 20-206ll.

433 (b) Any emergency medical technician who has been trained, in
434 accordance with national standards recognized by the Commissioner
435 of Public Health, in the administration of epinephrine using automatic
436 prefilled cartridge injectors or similar automatic injectable equipment
437 and who functions in accordance with written protocols and the
438 standing orders of a licensed physician or a licensed advanced practice
439 registered nurse serving as an emergency department director may
440 administer epinephrine using such injectors or equipment. All
441 emergency medical technicians shall receive such training. All licensed
442 or certified ambulances shall be equipped with epinephrine in such
443 injectors or equipment which may be administered in accordance with
444 written protocols and standing orders of a licensed physician or a
445 licensed advanced practice registered nurse serving as an emergency
446 department director.

447 Sec. 19. Section 19a-262 of the general statutes is repealed and the
448 following is substituted in lieu thereof (*Effective October 1, 2016*):

449 Each physician and advanced practice registered nurse shall report

450 in writing the name, age, sex, race, ethnicity, occupation, place where
451 last employed, if known, and address of each person under his or her
452 care known or suspected by such physician or advanced practice
453 registered nurse to have tuberculosis, to the Department of Public
454 Health and the director of health of the town, city or borough in which
455 such person resides, within twenty-four hours after the physician or
456 advanced practice registered nurse knows or suspects the presence of
457 such disease, and the officer in charge of any hospital, dispensary,
458 asylum or other similar institution shall report in like manner
459 concerning each patient having tuberculosis who comes under the care
460 or observation of such officer, within twenty-four hours thereafter. The
461 Commissioner of Public Health and the director of health of each
462 town, city or borough shall keep a record of all such reports received
463 by them, but such records shall not be open to inspection by any
464 person other than the health authorities of the state and of such town,
465 city or borough, and the identity of the person to whom any such
466 report relates shall not be divulged by such health authorities except as
467 may be necessary to carry into effect the provisions of this section,
468 section 19a-263, and section 19a-264. For purposes of this section and
469 said sections a person may be suspected of having tuberculosis if he or
470 she has (1) an acid fast bacilli identified on a smear of his body fluids
471 or tissue, (2) been prescribed at least two antituberculosis drugs, (3) a
472 preliminary diagnosis which includes ruling out active tuberculosis, or
473 (4) signs or symptoms of active tuberculosis.

474 Sec. 20. Section 19a-535 of the general statutes is repealed and the
475 following is substituted in lieu thereof (*Effective October 1, 2016*):

476 (a) For the purposes of this section: (1) "Facility" means an entity
477 certified as a nursing facility under the Medicaid program or an entity
478 certified as a skilled nursing facility under the Medicare program or
479 with respect to facilities that do not participate in the Medicaid or
480 Medicare programs, a chronic and convalescent nursing home or a rest
481 home with nursing supervision as defined in section 19a-521; (2)
482 "continuing care facility which guarantees life care for its residents"

483 has the same meaning as provided in section 17b-354; (3) "transfer"
484 means the movement of a resident from one facility to another facility
485 or institution, including, but not limited to, a hospital emergency
486 department, if the resident is admitted to the facility or institution or is
487 under the care of the facility or institution for more than twenty-four
488 hours; (4) "discharge" means the movement of a resident from a facility
489 to a noninstitutional setting; (5) "self-pay resident" means a resident
490 who is not receiving state or municipal assistance to pay for the cost of
491 care at a facility, but shall not include a resident who has filed an
492 application with the Department of Social Services for Medicaid
493 coverage for facility care but has not received an eligibility
494 determination from the department on such application, provided the
495 resident has timely responded to requests by the department for
496 information that is necessary to make such determination; and (6)
497 "emergency" means a situation in which a failure to effect an
498 immediate transfer or discharge of the resident that would endanger
499 the health, safety or welfare of the resident or other residents.

500 (b) A facility shall not transfer or discharge a resident from the
501 facility except to meet the welfare of the resident which cannot be met
502 in the facility, or unless the resident no longer needs the services of the
503 facility due to improved health, the facility is required to transfer the
504 resident pursuant to section 17b-359 or section 17b-360, or the health or
505 safety of individuals in the facility is endangered, or in the case of a
506 self-pay resident, for the resident's nonpayment or arrearage of more
507 than fifteen days of the per diem facility room rate, or the facility
508 ceases to operate. In each case the basis for transfer or discharge shall
509 be documented in the resident's medical record by a physician or an
510 advanced practice registered nurse. In each case where the welfare,
511 health or safety of the resident is concerned the documentation shall be
512 by the resident's physician or the resident's advanced practice
513 registered nurse. A facility [which] that is part of a continuing care
514 facility which guarantees life care for its residents may transfer or
515 discharge (1) a self-pay resident who is a member of the continuing

516 care community and who has intentionally transferred assets in a sum
517 which will render the resident unable to pay the costs of facility care in
518 accordance with the contract between the resident and the facility, or
519 (2) a self-pay resident who is not a member of the continuing care
520 community and who has intentionally transferred assets in a sum
521 [which] that will render the resident unable to pay the costs of a total
522 of forty-two months of facility care from the date of initial admission to
523 the facility.

524 (c) (1) Before effecting any transfer or discharge of a resident from
525 the facility, the facility shall notify, in writing, the resident and the
526 resident's guardian or conservator, if any, or legally liable relative or
527 other responsible party if known, of the proposed transfer or
528 discharge, the reasons therefor, the effective date of the proposed
529 transfer or discharge, the location to which the resident is to be
530 transferred or discharged, the right to appeal the proposed transfer or
531 discharge and the procedures for initiating such an appeal as
532 determined by the Department of Social Services, the date by which an
533 appeal must be initiated in order to preserve the resident's right to an
534 appeal hearing and the date by which an appeal must be initiated in
535 order to stay the proposed transfer or discharge and the possibility of
536 an exception to the date by which an appeal must be initiated in order
537 to stay the proposed transfer or discharge for good cause, that the
538 resident may represent himself or herself or be represented by legal
539 counsel, a relative, a friend or other spokesperson, and information as
540 to bed hold and nursing home readmission policy when required in
541 accordance with section 19a-537. The notice shall also include the
542 name, mailing address and telephone number of the State Long-Term
543 Care Ombudsman. If the resident is, or the facility alleges a resident is,
544 mentally ill or developmentally disabled, the notice shall include the
545 name, mailing address and telephone number of the Office of
546 Protection and Advocacy for Persons with Disabilities. The notice shall
547 be given at least thirty days and no more than sixty days prior to the
548 resident's proposed transfer or discharge, except where the health or

549 safety of individuals in the facility are endangered, or where the
550 resident's health improves sufficiently to allow a more immediate
551 transfer or discharge, or where immediate transfer or discharge is
552 necessitated by urgent medical needs or where a resident has not
553 resided in the facility for thirty days, in which cases notice shall be
554 given as many days before the transfer or discharge as practicable.

555 (2) The resident may initiate an appeal pursuant to this section by
556 submitting a written request to the Commissioner of Social Services
557 not later than sixty calendar days after the facility issues the notice of
558 the proposed transfer or discharge, except as provided in subsection
559 (h) of this section. In order to stay a proposed transfer or discharge, the
560 resident must initiate an appeal not later than twenty days after the
561 date the resident receives the notice of the proposed transfer or
562 discharge from the facility unless the resident demonstrates good
563 cause for failing to initiate such appeal within the twenty-day period.

564 (d) No resident shall be transferred or discharged from any facility
565 as a result of a change in the resident's status from self-pay or
566 Medicare to Medicaid provided the facility offers services to both
567 categories of residents. Any such resident who wishes to be transferred
568 to another facility [which] that has agreed to accept the resident may
569 do so upon giving at least fifteen days written notice to the
570 administrator of the facility from which the resident is to be
571 transferred and a copy thereof to the appropriate advocate of such
572 resident. The resident's advocate may help the resident complete all
573 administrative procedures relating to a transfer.

574 (e) Except in an emergency or in the case of transfer to a hospital, no
575 resident shall be transferred or discharged from a facility unless a
576 discharge plan has been developed by the personal physician or
577 advanced practice registered nurse of the resident or the medical
578 director in conjunction with the nursing director, social worker or
579 other health care provider. To minimize the disruptive effects of the
580 transfer or discharge on the resident, the person responsible for

581 developing the plan shall consider the feasibility of placement near the
582 resident's relatives, the acceptability of the placement to the resident
583 and the resident's guardian or conservator, if any, or the resident's
584 legally liable relative or other responsible party, if known, and any
585 other relevant factors which affect the resident's adjustment to the
586 move. The plan shall contain a written evaluation of the effects of the
587 transfer or discharge on the resident and a statement of the action
588 taken to minimize such effects. In addition, the plan shall outline the
589 care and kinds of services [which] that the resident shall receive upon
590 transfer or discharge. Not less than thirty days prior to an involuntary
591 transfer or discharge, a copy of the discharge plan shall be provided to
592 the resident's personal physician or advanced practice registered nurse
593 if the discharge plan was prepared by the medical director, to the
594 resident and the resident's guardian or conservator, if any, or legally
595 liable relative or other responsible party, if known.

596 (f) No resident shall be involuntarily transferred or discharged from
597 a facility if such transfer or discharge is medically contraindicated.

598 (g) The facility shall be responsible for assisting the resident in
599 finding appropriate placement.

600 (h) (1) Except in the case of an emergency, as provided in
601 subdivision (4) of this subsection, upon receipt of a request for a
602 hearing to appeal any proposed transfer or discharge, the
603 Commissioner of Social Services or the commissioner's designee shall
604 hold a hearing to determine whether the transfer or discharge is being
605 effected in accordance with this section. A hearing shall be convened
606 not less than ten, but not more than thirty days from the date of receipt
607 of such request and a written decision made by the commissioner or
608 the commissioner's designee not later than thirty days after the date of
609 termination of the hearing or not later than sixty days after the date of
610 the hearing request, whichever occurs sooner. The hearing shall be
611 conducted in accordance with chapter 54. In each case the facility shall
612 prove by a preponderance of the evidence that it has complied with

613 the provisions of this section. Except in the case of an emergency or in
614 circumstances when the resident is not physically present in the
615 facility, whenever the Commissioner of Social Services receives a
616 request for a hearing in response to a notice of proposed transfer or
617 discharge and such notice does not meet the requirements of
618 subsection (c) of this section, the commissioner shall, not later than ten
619 business days after the date of receipt of such notice from the resident
620 or the facility, order the transfer or discharge stayed and return such
621 notice to the facility. Upon receipt of such returned notice, the facility
622 shall issue a revised notice that meets the requirements of subsection
623 (c) of this section.

624 (2) The resident, the resident's guardian, conservator, legally liable
625 relative or other responsible party shall have an opportunity to
626 examine, during regular business hours at least three business days
627 prior to a hearing conducted pursuant to this section, the contents of
628 the resident's file maintained by the facility and all documents and
629 records to be used by the commissioner or the commissioner's
630 designee or the facility at the hearing. The facility shall have an
631 opportunity to examine during regular business hours at least three
632 business days prior to such a hearing, all documents and records to be
633 used by the resident at the hearing.

634 (3) If a hearing conducted pursuant to this section involves medical
635 issues, the commissioner or the commissioner's designee may order an
636 independent medical assessment of the resident at the expense of the
637 Department of Social Services [which] that shall be made part of the
638 hearing record.

639 (4) In an emergency the notice required pursuant to subsection (c) of
640 this section shall be provided as soon as practicable. A resident who is
641 transferred or discharged on an emergency basis or a resident who
642 receives notice of such a transfer or discharge may contest the action
643 by requesting a hearing in writing not later than twenty days after the
644 date of receipt of notice or not later than twenty days after the date of

645 transfer or discharge, whichever is later, unless the resident
646 demonstrates good cause for failing to request a hearing within the
647 twenty-day period. A hearing shall be held in accordance with the
648 requirements of this subsection not later than fifteen business days
649 after the date of receipt of the request. The commissioner, or the
650 commissioner's designee, shall issue a decision not later than thirty
651 days after the date on which the hearing record is closed.

652 (5) Except in the case of a transfer or discharge effected pursuant to
653 subdivision (4) of this subsection, (A) an involuntary transfer or
654 discharge shall be stayed pending a decision by the commissioner or
655 the commissioner's designee, and (B) if the commissioner or the
656 commissioner's designee determines the transfer or discharge is being
657 effected in accordance with this section, the facility may not transfer or
658 discharge the resident prior to fifteen days from the date of receipt of
659 the decision by the resident and the resident's guardian or conservator,
660 if any, or the resident's legally liable relative or other responsible party
661 if known.

662 (6) If the commissioner, or the commissioner's designee, determines
663 after a hearing held in accordance with this section that the facility has
664 transferred or discharged a resident in violation of this section, the
665 commissioner, or the commissioner's designee, may require the facility
666 to readmit the resident to a bed in a semiprivate room or in a private
667 room, if a private room is medically necessary, regardless of whether
668 or not the resident has accepted placement in another facility pending
669 the issuance of a hearing decision or is awaiting the availability of a
670 bed in the facility from which the resident was transferred or
671 discharged.

672 (7) A copy of a decision of the commissioner or the commissioner's
673 designee shall be sent to the facility and to the resident, the resident's
674 guardian, conservator, if any, legally liable relative or other
675 responsible party, if known. The decision shall be deemed to have
676 been received not later than five days after the date it was mailed,

677 unless the facility, the resident or the resident's guardian, conservator,
678 legally liable relative or other responsible party proves otherwise by a
679 preponderance of the evidence. The Superior Court shall consider an
680 appeal from a decision of the Department of Social Services pursuant
681 to this section as a privileged case in order to dispose of the case with
682 the least possible delay.

683 (i) A resident who receives notice from the Department of Social
684 Services or its agent that the resident is no longer in need of the level of
685 care provided by a facility and that, consequently, the resident's
686 coverage for facility care will end, may request a hearing by the
687 Commissioner of Social Services in accordance with the provisions of
688 section 17b-60. If the resident requests a hearing prior to the date that
689 Medicaid coverage for facility care is to end, Medicaid coverage shall
690 continue pending the outcome of the hearing. If the resident receives a
691 notice of denial of Medicaid coverage from the department or its agent
692 and also receives a notice of discharge from the facility pursuant to
693 subsection (c) of this section and the resident requests a hearing to
694 contest each proposed action, the department may schedule one
695 hearing at which the resident may contest both actions.

696 Sec. 21. Section 19a-550 of the 2016 supplement to the general
697 statutes is repealed and the following is substituted in lieu thereof
698 (*Effective October 1, 2016*):

699 (a) (1) As used in this section, (A) "nursing home facility" has the
700 same meaning as provided in section 19a-521, (B) "residential care
701 home" has the same meaning as provided in section 19a-521, and (C)
702 "chronic disease hospital" means a long-term hospital having facilities,
703 medical staff and all necessary personnel for the diagnosis, care and
704 treatment of chronic diseases; and (2) for the purposes of subsections
705 (c) and (d) of this section, and subsection (b) of section 19a-537,
706 "medically contraindicated" means a comprehensive evaluation of the
707 impact of a potential room transfer on the patient's physical, mental
708 and psychosocial well-being, which determines that the transfer would

709 cause new symptoms or exacerbate present symptoms beyond a
710 reasonable adjustment period resulting in a prolonged or significant
711 negative outcome that could not be ameliorated through care plan
712 intervention, as documented by a physician or an advanced practice
713 registered nurse in a patient's medical record.

714 (b) There is established a patients' bill of rights for any person
715 admitted as a patient to any nursing home facility, residential care
716 home or chronic disease hospital. The patients' bill of rights shall be
717 implemented in accordance with the provisions of Sections 1919(b),
718 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security
719 Act. The patients' bill of rights shall provide that each such patient: (1)
720 Is fully informed, as evidenced by the patient's written
721 acknowledgment, prior to or at the time of admission and during the
722 patient's stay, of the rights set forth in this section and of all rules and
723 regulations governing patient conduct and responsibilities; (2) is fully
724 informed, prior to or at the time of admission and during the patient's
725 stay, of services available in such facility or chronic disease hospital,
726 and of related charges including any charges for services not covered
727 under Titles XVIII or XIX of the Social Security Act, or not covered by
728 basic per diem rate; (3) in such facility or hospital is entitled to choose
729 the patient's own physician or advanced practice registered nurse and
730 is fully informed, by a physician or an advanced practice registered
731 nurse, of the patient's medical condition unless medically
732 contraindicated, as documented by the physician or advanced practice
733 registered nurse in the patient's medical record, and is afforded the
734 opportunity to participate in the planning of the patient's medical
735 treatment and to refuse to participate in experimental research; (4) in a
736 residential care home or a chronic disease hospital is transferred from
737 one room to another within such home or chronic disease hospital only
738 for medical reasons, or for the patient's welfare or that of other
739 patients, as documented in the patient's medical record and such
740 record shall include documentation of action taken to minimize any
741 disruptive effects of such transfer, except a patient who is a Medicaid

742 recipient may be transferred from a private room to a nonprivate
743 room, provided no patient may be involuntarily transferred from one
744 room to another within such home or chronic disease hospital if (A) it
745 is medically established that the move will subject the patient to a
746 reasonable likelihood of serious physical injury or harm, or (B) the
747 patient has a prior established medical history of psychiatric problems
748 and there is psychiatric testimony that as a consequence of the
749 proposed move there will be exacerbation of the psychiatric problem
750 that would last over a significant period of time and require
751 psychiatric intervention; and in the case of an involuntary transfer
752 from one room to another within such home or chronic disease
753 hospital, the patient and, if known, the patient's legally liable relative,
754 guardian or conservator or a person designated by the patient in
755 accordance with section 1-56r, is given not less than thirty days' and
756 not more than sixty days' written notice to ensure orderly transfer
757 from one room to another within such home or chronic disease
758 hospital, except where the health, safety or welfare of other patients is
759 endangered or where immediate transfer from one room to another
760 within such home or chronic disease hospital is necessitated by urgent
761 medical need of the patient or where a patient has resided in such
762 home or chronic disease hospital for less than thirty days, in which
763 case notice shall be given as many days before the transfer as
764 practicable; (5) is encouraged and assisted, throughout the patient's
765 period of stay, to exercise the patient's rights as a patient and as a
766 citizen, and to this end, has the right to be fully informed about
767 patients' rights by state or federally funded patient advocacy
768 programs, and may voice grievances and recommend changes in
769 policies and services to nursing home facility, residential care home or
770 chronic disease hospital staff or to outside representatives of the
771 patient's choice, free from restraint, interference, coercion,
772 discrimination or reprisal; (6) shall have prompt efforts made by such
773 nursing home facility, residential care home or chronic disease hospital
774 to resolve grievances the patient may have, including those with
775 respect to the behavior of other patients; (7) may manage the patient's

776 personal financial affairs, and is given a quarterly accounting of
777 financial transactions made on the patient's behalf; (8) is free from
778 mental and physical abuse, corporal punishment, involuntary
779 seclusion and any physical or chemical restraints imposed for
780 purposes of discipline or convenience and not required to treat the
781 patient's medical symptoms. Physical or chemical restraints may be
782 imposed only to ensure the physical safety of the patient or other
783 patients and only upon the written order of a physician or an
784 advanced practice registered nurse that specifies the type of restraint
785 and the duration and circumstances under which the restraints are to
786 be used, except in emergencies until a specific order can be obtained;
787 (9) is assured confidential treatment of the patient's personal and
788 medical records, and may approve or refuse their release to any
789 individual outside the facility, except in case of the patient's transfer to
790 another health care institution or as required by law or third-party
791 payment contract; (10) receives quality care and services with
792 reasonable accommodation of individual needs and preferences,
793 except where the health or safety of the individual would be
794 endangered, and is treated with consideration, respect, and full
795 recognition of the patient's dignity and individuality, including
796 privacy in treatment and in care for the patient's personal needs; (11) is
797 not required to perform services for the nursing home facility,
798 residential care home or chronic disease hospital that are not included
799 for therapeutic purposes in the patient's plan of care; (12) may
800 associate and communicate privately with persons of the patient's
801 choice, including other patients, send and receive the patient's
802 personal mail unopened and make and receive telephone calls
803 privately, unless medically contraindicated, as documented by the
804 patient's physician or advanced practice registered nurse in the
805 patient's medical record, and receives adequate notice before the
806 patient's room or roommate in such facility, home or chronic disease
807 hospital is changed; (13) is entitled to organize and participate in
808 patient groups in such facility, home or chronic disease hospital and to
809 participate in social, religious and community activities that do not

810 interfere with the rights of other patients, unless medically
811 contraindicated, as documented by the patient's physician or advanced
812 practice registered nurse in the patient's medical records; (14) may
813 retain and use the patient's personal clothing and possessions unless to
814 do so would infringe upon rights of other patients or unless medically
815 contraindicated, as documented by the patient's physician or advanced
816 practice registered nurse in the patient's medical record; (15) is assured
817 privacy for visits by the patient's spouse or a person designated by the
818 patient in accordance with section 1-56r and, if the patient is married
819 and both the patient and the patient's spouse are inpatients in the
820 facility, they are permitted to share a room, unless medically
821 contraindicated, as documented by the attending physician or
822 advanced practice registered nurse in the medical record; (16) is fully
823 informed of the availability of and may examine all current state, local
824 and federal inspection reports and plans of correction; (17) may
825 organize, maintain and participate in a patient-run resident council, as
826 a means of fostering communication among residents and between
827 residents and staff, encouraging resident independence and
828 addressing the basic rights of nursing home facility, residential care
829 home and chronic disease hospital patients and residents, free from
830 administrative interference or reprisal; (18) is entitled to the opinion of
831 two physicians concerning the need for surgery, except in an
832 emergency situation, prior to such surgery being performed; (19) is
833 entitled to have the patient's family or a person designated by the
834 patient in accordance with section 1-56r meet in such facility,
835 residential care home or chronic disease hospital with the families of
836 other patients in the facility to the extent such facility, residential care
837 home or chronic disease hospital has existing meeting space available
838 that meets applicable building and fire codes; (20) is entitled to file a
839 complaint with the Department of Social Services and the Department
840 of Public Health regarding patient abuse, neglect or misappropriation
841 of patient property; (21) is entitled to have psychopharmacologic drugs
842 administered only on orders of a physician or an advanced practice
843 registered nurse and only as part of a written plan of care developed in

844 accordance with Section 1919(b)(2) of the Social Security Act and
845 designed to eliminate or modify the symptoms for which the drugs are
846 prescribed and only if, at least annually, an independent external
847 consultant reviews the appropriateness of the drug plan; (22) is
848 entitled to be transferred or discharged from the facility only pursuant
849 to section 19a-535, as amended by this act, 19a-535a or 19a-535b, as
850 applicable; (23) is entitled to be treated equally with other patients
851 with regard to transfer, discharge and the provision of all services
852 regardless of the source of payment; (24) shall not be required to waive
853 any rights to benefits under Medicare or Medicaid or to give oral or
854 written assurance that the patient is not eligible for, or will not apply
855 for benefits under Medicare or Medicaid; (25) is entitled to be provided
856 information by the nursing home facility or chronic disease hospital as
857 to how to apply for Medicare or Medicaid benefits and how to receive
858 refunds for previous payments covered by such benefits; (26) is
859 entitled to receive a copy of any Medicare or Medicaid application
860 completed by a nursing home facility, residential care home or chronic
861 disease hospital on behalf of the patient or to designate that a family
862 member, or other representative of the patient, receive a copy of any
863 such application; (27) on or after October 1, 1990, shall not be required
864 to give a third-party guarantee of payment to the facility as a condition
865 of admission to, or continued stay in, such facility; (28) is entitled to
866 have such facility not charge, solicit, accept or receive any gift, money,
867 donation, third-party guarantee or other consideration as a
868 precondition of admission or expediting the admission of the
869 individual to such facility or as a requirement for the individual's
870 continued stay in such facility; and (29) shall not be required to deposit
871 the patient's personal funds in such facility, home or chronic disease
872 hospital.

873 (c) The patients' bill of rights shall provide that a patient in a rest
874 home with nursing supervision or a chronic and convalescent nursing
875 home may be transferred from one room to another within such home
876 only for the purpose of promoting the patient's well-being, except as

877 provided pursuant to subparagraph (C) or (D) of this subsection or
878 subsection (d) of this section. Whenever a patient is to be transferred,
879 such home shall effect the transfer with the least disruption to the
880 patient and shall assess, monitor and adjust care as needed subsequent
881 to the transfer in accordance with subdivision (10) of subsection (b) of
882 this section. When a transfer is initiated by such home and the patient
883 does not consent to the transfer, such home shall establish a
884 consultative process that includes the participation of the attending
885 physician, or advanced practice registered nurse, a registered nurse
886 with responsibility for the patient and other appropriate staff in
887 disciplines as determined by the patient's needs, and the participation
888 of the patient, the patient's family, a person designated by the patient
889 in accordance with section 1-56r or other representative. The
890 consultative process shall determine: (1) What caused consideration of
891 the transfer; (2) whether the cause can be removed; and (3) if not,
892 whether such home has attempted alternatives to transfer. The patient
893 shall be informed of the risks and benefits of the transfer and of any
894 alternatives. If subsequent to the completion of the consultative
895 process a patient still does not wish to be transferred, the patient may
896 be transferred without the patient's consent, unless medically
897 contraindicated, only (A) if necessary to accomplish physical plant
898 repairs or renovations that otherwise could not be accomplished;
899 provided, if practicable, the patient, if the patient wishes, shall be
900 returned to the patient's room when the repairs or renovations are
901 completed; (B) due to irreconcilable incompatibility between or among
902 roommates, which is actually or potentially harmful to the well-being
903 of a patient; (C) if such home has two vacancies available for patients
904 of the same sex in different rooms, there is no applicant of that sex
905 pending admission in accordance with the requirements of section 19a-
906 533 and grouping of patients by the same sex in the same room would
907 allow admission of patients of the opposite sex, that otherwise would
908 not be possible; (D) if necessary to allow access to specialized medical
909 equipment no longer needed by the patient and needed by another
910 patient; or (E) if the patient no longer needs the specialized services or

911 programming that is the focus of the area of such home in which the
912 patient is located. In the case of an involuntary transfer, such home
913 shall, subsequent to completion of the consultative process, provide
914 the patient and the patient's legally liable relative, guardian or
915 conservator if any or other responsible party if known, with at least
916 fifteen days' written notice of the transfer, which shall include the
917 reason for the transfer, the location to which the patient is being
918 transferred, and the name, address and telephone number of the
919 regional long-term care ombudsman, except that in the case of a
920 transfer pursuant to subparagraph (A) of this subsection at least thirty
921 days' notice shall be provided. Notwithstanding the provisions of this
922 subsection, a patient may be involuntarily transferred immediately
923 from one room to another within such home to protect the patient or
924 others from physical harm, to control the spread of an infectious
925 disease, to respond to a physical plant or environmental emergency
926 that threatens the patient's health or safety or to respond to a situation
927 that presents a patient with an immediate danger of death or serious
928 physical harm. In such a case, disruption of patients shall be
929 minimized; the required notice shall be provided not later than
930 twenty-four hours after the transfer; if practicable, the patient, if the
931 patient wishes, shall be returned to the patient's room when the threat
932 to health or safety that prompted the transfer has been eliminated; and,
933 in the case of a transfer effected to protect a patient or others from
934 physical harm, the consultative process shall be established on the next
935 business day.

936 (d) Notwithstanding the provisions of subsection (c) of this section,
937 unless medically contraindicated, a patient who is a Medicaid recipient
938 may be transferred from a private to a nonprivate room. In the case of
939 such a transfer, the nursing home facility shall (1) give not less than
940 thirty days' written notice to the patient and the patient's legally liable
941 relative, guardian or conservator, if any, a person designated by the
942 patient in accordance with section 1-56r or other responsible party, if
943 known, which notice shall include the reason for the transfer, the

944 location to which the patient is being transferred and the name,
945 address and telephone number of the regional long-term care
946 ombudsman; and (2) establish a consultative process to effect the
947 transfer with the least disruption to the patient and assess, monitor
948 and adjust care as needed subsequent to the transfer in accordance
949 with subdivision (10) of subsection (b) of this section. The consultative
950 process shall include the participation of the attending physician, or
951 advanced practice registered nurse, a registered nurse with
952 responsibility for the patient and other appropriate staff in disciplines
953 as determined by the patient's needs, and the participation of the
954 patient, the patient's family, a person designated by the patient in
955 accordance with section 1-56r or other representative.

956 (e) Any nursing home facility, residential care home or chronic
957 disease hospital that negligently deprives a patient of any right or
958 benefit created or established for the well-being of the patient by the
959 provisions of this section shall be liable to such patient in a private
960 cause of action for injuries suffered as a result of such deprivation.
961 Upon a finding that a patient has been deprived of such a right or
962 benefit, and that the patient has been injured as a result of such
963 deprivation, damages shall be assessed in the amount sufficient to
964 compensate such patient for such injury. The rights or benefits
965 specified in subsections (b) to (d), inclusive, of this section may not be
966 reduced, rescinded or abrogated by contract. In addition, where the
967 deprivation of any such right or benefit is found to have been wilful or
968 in reckless disregard of the rights of the patient, punitive damages may
969 be assessed. A patient may also maintain an action pursuant to this
970 section for any other type of relief, including injunctive and
971 declaratory relief, permitted by law. Exhaustion of any available
972 administrative remedies shall not be required prior to commencement
973 of suit under this section.

974 (f) In addition to the rights specified in subsections (b), (c) and (d) of
975 this section, a patient in a nursing home facility is entitled to have the
976 facility manage the patient's funds as provided in section 19a-551.

977 Sec. 22. Section 19a-579 of the general statutes is repealed and the
978 following is substituted in lieu thereof (*Effective October 1, 2016*):

979 A living will or appointment of health care representative becomes
980 operative when (1) the document is furnished to the attending
981 physician or advanced practice registered nurse, and (2) the declarant
982 is determined by the attending physician or advanced practice
983 registered nurse to be incapacitated. At any time after the appointment
984 of a health care representative, the attending physician or advanced
985 practice registered nurse shall disclose such determination of
986 incapacity, in writing, upon the request of the person named as the
987 health care representative.

988 Sec. 23. Section 19a-580d of the general statutes is repealed and the
989 following is substituted in lieu thereof (*Effective October 1, 2016*):

990 The Department of Public Health shall adopt regulations, in
991 accordance with chapter 54, to provide for a system governing the
992 recognition and transfer of "do not resuscitate" orders between health
993 care institutions licensed pursuant to chapter 368v and upon
994 intervention by emergency medical services providers certified or
995 licensed pursuant to chapter 368d. The regulations shall include, but
996 not be limited to, procedures concerning the use of "do not resuscitate"
997 bracelets. The regulations shall specify that, upon request of the patient
998 or his or her authorized representative, the physician or advanced
999 practice registered nurse who issued the "do not resuscitate" order
1000 shall assist the patient or his or her authorized representative in
1001 utilizing the system. The regulations shall not limit the authority of the
1002 Commissioner of Developmental Services under subsection (g) of
1003 section 17a-238 concerning orders applied to persons receiving services
1004 under the direction of the Commissioner of Developmental Services.

1005 Sec. 24. Subsection (d) of section 19a-582 of the general statutes is
1006 repealed and the following is substituted in lieu thereof (*Effective*
1007 *October 1, 2016*):

1008 (d) The provisions of this section shall not apply to the performance
1009 of an HIV-related test:

1010 (1) By licensed medical personnel when the subject is unable to
1011 grant or withhold consent and no other person is available who is
1012 authorized to consent to health care for the individual and the test
1013 results are needed for diagnostic purposes to provide appropriate
1014 urgent care, except that in such cases the counseling, referrals and
1015 notification of test results described in subsection (c) of this section
1016 shall be provided as soon as practical;

1017 (2) By a health care provider or health facility in relation to the
1018 procuring, processing, distributing or use of a human body or a human
1019 body part, including organs, tissues, eyes, bones, arteries, blood,
1020 semen, or other body fluids, for use in medical research or therapy, or
1021 for transplantation to individuals, provided if the test results are
1022 communicated to the subject, the counseling, referrals and notification
1023 of test results described in subsection (c) of this section shall be
1024 provided;

1025 (3) For the purpose of research if the testing is performed in a
1026 manner by which the identity of the test subject is not known and is
1027 unable to be retrieved by the researcher;

1028 (4) On a deceased person when such test is conducted to determine
1029 the cause or circumstances of death or for epidemiological purposes;

1030 (5) In cases where a health care provider or other person, including
1031 volunteer emergency medical services, fire and public safety
1032 personnel, in the course of his occupational duties has had a significant
1033 exposure, provided the following criteria are met: (A) The worker is
1034 able to document significant exposure during performance of his
1035 occupation, (B) the worker completes an incident report within forty-
1036 eight hours of exposure identifying the parties to the exposure,
1037 witnesses, time, place and nature of the event, (C) the worker submits
1038 to a baseline HIV test within seventy-two hours of the exposure and is

1039 negative on that test, (D) the patient's or person's physician or
1040 advanced practice registered nurse or, if the patient or person does not
1041 have a personal physician or advanced practice registered nurse or if
1042 the patient's or person's physician or advanced practice registered
1043 nurse is unavailable, another physician, advanced practice registered
1044 nurse or health care provider has approached the patient or person
1045 and sought voluntary consent and the patient or person has refused to
1046 consent to testing, except in an exposure where the patient or person is
1047 deceased, (E) an exposure evaluation group determines that the
1048 criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this
1049 subdivision are met and that the worker has a significant exposure to
1050 the blood of a patient or person and the patient or person, or the
1051 patient's or person's legal guardian, refuses to grant informed consent
1052 for an HIV test. If the patient or person is under the care or custody of
1053 the health facility, correctional facility or other institution and a sample
1054 of the patient's blood is available, said blood shall be tested. If no
1055 sample of blood is available, and the patient is under the care or
1056 custody of a health facility, correctional facility or other institution, the
1057 patient shall have a blood sample drawn at the health facility,
1058 correctional facility or other institution and tested. No member of the
1059 exposure evaluation group who determines that a worker has
1060 sustained a significant exposure and authorized the HIV testing of a
1061 patient or other person, nor the health facility, correctional facility or
1062 other institution, nor any person in a health facility or other institution
1063 who relies in good faith on the group's determination and performs
1064 that test shall have any liability as a result of his action carried out
1065 pursuant to this section, unless such person acted in bad faith. If the
1066 patient or person is not under the care or custody of a health facility,
1067 correctional facility or other institution and a physician or an advanced
1068 practice registered nurse not directly involved in the exposure certifies
1069 in writing that the criteria specified in subparagraphs (A), (B), (C), (D)
1070 and (F) of this subdivision are met and that a significant exposure has
1071 occurred, the worker may seek a court order for testing pursuant to
1072 subdivision (8) of this subsection, (F) the worker would be able to take

1073 meaningful immediate action, if results are known [, which] that could
1074 not otherwise be taken, as defined in regulations adopted pursuant to
1075 section 19a-589, (G) the fact that an HIV test was given as a result of an
1076 accidental exposure and the results of that test shall not appear in a
1077 patient's or person's medical record unless such test result is relevant
1078 to the medical care the person is receiving at that time in a health
1079 facility or correctional facility or other institution, (H) the counseling
1080 described in subsection (c) of this section shall be provided but the
1081 patient or person may choose not to be informed about the result of the
1082 test, and (I) the cost of the HIV test shall be borne by the employer of
1083 the potentially exposed worker;

1084 (6) In facilities operated by the Department of Correction if the
1085 facility physician or advanced practice registered nurse determines
1086 that testing is needed for diagnostic purposes, to determine the need
1087 for treatment or medical care specific to an HIV-related illness,
1088 including prophylactic treatment of HIV infection to prevent further
1089 progression of disease, provided no reasonable alternative exists that
1090 will achieve the same goal;

1091 (7) In facilities operated by the Department of Correction if the
1092 facility physician or advanced practice registered nurse and chief
1093 administrator of the facility determine that the behavior of the inmate
1094 poses a significant risk of transmission to another inmate or has
1095 resulted in a significant exposure of another inmate of the facility and
1096 no reasonable alternative exists that will achieve the same goal. No
1097 involuntary testing shall take place pursuant to subdivisions (6) and
1098 (7) of this subsection until reasonable effort has been made to secure
1099 informed consent. When testing without consent takes place pursuant
1100 to subdivisions (6) and (7) of this subsection, the counseling referrals
1101 and notification of test results described in subsection (c) of this section
1102 shall, nonetheless be provided;

1103 (8) Under a court order [which] that is issued in compliance with the
1104 following provisions: (A) No court of this state shall issue such order

1105 unless the court finds a clear and imminent danger to the public health
1106 or the health of a person and that the person has demonstrated a
1107 compelling need for the HIV-related test result [which] that cannot be
1108 accommodated by other means. In assessing compelling need, the
1109 court shall weigh the need for a test result against the privacy interests
1110 of the test subject and the public interest [which] that may be disserved
1111 by involuntary testing, (B) pleadings pertaining to the request for an
1112 involuntary test shall substitute a pseudonym for the true name of the
1113 subject to be tested. The disclosure to the parties of the subject's true
1114 name shall be communicated confidentially, in documents not filed
1115 with the court, (C) before granting any such order, the court shall
1116 provide the individual on whom a test result is being sought with
1117 notice and a reasonable opportunity to participate in the proceeding if
1118 he is not already a party, (D) court proceedings as to involuntary
1119 testing shall be conducted in camera unless the subject of the test
1120 agrees to a hearing in open court or unless the court determines that a
1121 public hearing is necessary to the public interest and the proper
1122 administration of justice;

1123 (9) When the test is conducted by any life or health insurer or health
1124 care center for purposes of assessing a person's fitness for insurance
1125 coverage offered by such insurer or health care center; or

1126 (10) When the test is subsequent to a prior confirmed test and the
1127 subsequent test is part of a series of repeated testing for the purposes
1128 of medical monitoring and treatment, provided (A) the patient has
1129 previously given general consent that includes HIV-related tests, (B)
1130 the patient, after consultation with the health care provider, has
1131 declined reiteration of the general consent, counseling and education
1132 requirements of this section, and (C) a notation to that effect has been
1133 entered into the patient's medical record.

1134 Sec. 25. Section 19a-592 of the general statutes is repealed and the
1135 following is substituted in lieu thereof (*Effective October 1, 2016*):

1136 (a) Any licensed physician or advanced practice registered nurse
1137 may examine and provide treatment for human immunodeficiency
1138 virus infection, or acquired immune deficiency syndrome for a minor,
1139 only with the consent of the parents or guardian of the minor unless
1140 the physician or advanced practice registered nurse determines that
1141 notification of the parents or guardian of the minor will result in
1142 treatment being denied or the physician or advanced practice
1143 registered nurse determines the minor will not seek, pursue or
1144 continue treatment if the parents or guardian are notified and the
1145 minor requests that his or her parents or guardian not be notified. The
1146 physician or advanced practice registered nurse shall fully document
1147 the reasons for the determination to provide treatment without the
1148 consent or notification of the parents or guardian of the minor and
1149 shall include such documentation, signed by the minor, in the minor's
1150 clinical record. The fact of consultation, examination and treatment of a
1151 minor under the provisions of this section shall be confidential and
1152 shall not be divulged without the minor's consent, including the
1153 sending of a bill for the services to any person other than the minor
1154 until the physician or advanced practice registered nurse consults with
1155 the minor regarding the sending of a bill.

1156 (b) A minor shall be personally liable for all costs and expenses for
1157 services afforded [him] the minor at his or her request under this
1158 section.

1159 Sec. 26. Section 20-7h of the general statutes is repealed and the
1160 following is substituted in lieu thereof (*Effective October 1, 2016*):

1161 Any physician licensed under chapter 370, advanced practice
1162 registered nurse licensed under chapter 378 and any physical therapist
1163 licensed under chapter 376 shall, during the consultation period with a
1164 patient who has suffered a personal injury and prior to any treatment
1165 of such patient, disclose to such patient in writing: (1) Whether such
1166 physician, advanced practice registered nurse or physical therapist
1167 would provide services to such patient on the basis of a letter of

1168 protection issued by an attorney representing the patient in a personal
1169 injury action, which letter promises that any bill for services rendered
1170 by such physician, advanced practice registered nurse or physical
1171 therapist to such patient will be paid from the proceeds of any
1172 recovery the patient receives from a settlement or judgment in such
1173 action or, if there is no recovery or the recovery is insufficient to pay
1174 such bill, that such bill will be paid by such patient; and (2) the
1175 estimated cost of providing to the patient or an attorney representing
1176 the patient in a personal injury action an opinion letter concerning the
1177 cause of the personal injury and the diagnosis, treatment and
1178 prognosis of the patient, including a disability rating.

1179 Sec. 27. Subsection (b) of section 20-13e of the general statutes is
1180 repealed and the following is substituted in lieu thereof (*Effective*
1181 *October 1, 2016*):

1182 (b) As part of an investigation of a petition filed pursuant to
1183 subsection (a) of section 20-13d, the Department of Public Health may
1184 order the physician to submit to a physical or mental examination, to
1185 be performed by a physician or an advanced practice registered nurse
1186 chosen from a list approved by the department. The department may
1187 seek the advice of established medical organizations or licensed health
1188 professionals in determining the nature and scope of any diagnostic
1189 examinations to be used as part of any such physical or mental
1190 examination. The examining physician or advanced practice registered
1191 nurse shall make a written statement of his or her findings.

1192 Sec. 28. Section 20-14m of the general statutes is repealed and the
1193 following is substituted in lieu thereof (*Effective October 1, 2016*):

1194 (a) As used in this section, (1) "long-term antibiotic therapy" means
1195 the administration of oral, intramuscular or intravenous antibiotics,
1196 singly or in combination, for periods of time in excess of four weeks;
1197 and (2) "Lyme disease" means the clinical diagnosis by a physician,
1198 licensed in accordance with chapter 370, or advanced practice

1199 registered nurse, licensed in accordance with chapter 378, of the
1200 presence in a patient of signs or symptoms compatible with acute
1201 infection with borrelia burgdorferi; or with late stage or persistent or
1202 chronic infection with borrelia burgdorferi, or with complications
1203 related to such an infection; or such other strains of borrelia that, on
1204 and after July 1, 2009, are recognized by the National Centers for
1205 Disease Control and Prevention as a cause of Lyme disease. Lyme
1206 disease includes an infection that meets the surveillance criteria set
1207 forth by the National Centers for Disease Control and Prevention, and
1208 other acute and chronic manifestations of such an infection as
1209 determined by a physician, licensed in accordance with the provisions
1210 of chapter 370, or an advanced practice registered nurse, licensed in
1211 accordance with chapter 378, pursuant to a clinical diagnosis that is
1212 based on knowledge obtained through medical history and physical
1213 examination alone, or in conjunction with testing that provides
1214 supportive data for such clinical diagnosis.

1215 (b) On and after July 1, 2009, a licensed physician or a licensed
1216 advanced practice registered nurse may prescribe, administer or
1217 dispense long-term antibiotic therapy to a patient for a therapeutic
1218 purpose that eliminates such infection or controls a patient's symptoms
1219 upon making a clinical diagnosis that such patient has Lyme disease or
1220 displays symptoms consistent with a clinical diagnosis of Lyme
1221 disease, provided such clinical diagnosis and treatment are
1222 documented in the patient's medical record by such licensed physician
1223 or licensed advanced practice registered nurse. Notwithstanding the
1224 provisions of sections 20-8a and 20-13e, as amended by this act, on and
1225 after said date, the Department of Public Health shall not initiate a
1226 disciplinary action against a licensed physician or a licensed advanced
1227 practice registered nurse and such physician or advanced practice
1228 registered nurse shall not be subject to disciplinary action by the
1229 Connecticut Medical Examining Board or the Connecticut State Board
1230 of Examiners for Nursing solely for prescribing, administering or
1231 dispensing long-term antibiotic therapy to a patient clinically

1232 diagnosed with Lyme disease, provided such clinical diagnosis and
1233 treatment has been documented in the patient's medical record by such
1234 licensed physician or licensed advanced practice registered nurse.

1235 (c) Nothing in this section shall prevent the Connecticut Medical
1236 Examining Board or the Connecticut State Board of Examiners for
1237 Nursing from taking disciplinary action for other reasons against a
1238 licensed physician or a licensed advanced practice registered nurse,
1239 pursuant to section 19a-17, or from entering into a consent order with
1240 such physician or advanced practice registered nurse pursuant to
1241 subsection (c) of section 4-177. Subject to the limitation set forth in
1242 subsection (b) of this section, for purposes of this section, the
1243 Connecticut Medical Examining Board may take disciplinary action
1244 against a licensed physician if there is any violation of the provisions
1245 of section 20-13c and the Connecticut Board of Examiners for Nursing
1246 may take disciplinary action against a licensed advanced practice
1247 registered nurse in accordance with the provisions of section 20-99.

1248 Sec. 29. Section 20-87a of the 2016 supplement to the general statutes
1249 is repealed and the following is substituted in lieu thereof (*Effective*
1250 *October 1, 2016*):

1251 (a) The practice of nursing by a registered nurse is defined as the
1252 process of diagnosing human responses to actual or potential health
1253 problems, providing supportive and restorative care, health counseling
1254 and teaching, case finding and referral, collaborating in the
1255 implementation of the total health care regimen, and executing the
1256 medical regimen under the direction of a licensed physician, dentist or
1257 advanced practice registered nurse. A registered nurse may also
1258 execute orders issued by licensed physician assistants, podiatrists and
1259 optometrists, provided such orders do not exceed the nurse's or the
1260 ordering practitioner's scope of practice. A registered nurse may
1261 execute dietary orders written in a patient's chart by a certified
1262 dietitian-nutritionist.

1263 (b) (1) Advanced nursing practice is defined as the performance of
1264 advanced level nursing practice activities that, by virtue of post-basic
1265 specialized education and experience, are appropriate to and may be
1266 performed by an advanced practice registered nurse. The advanced
1267 practice registered nurse performs acts of diagnosis and treatment of
1268 alterations in health status, as described in subsection (a) of this
1269 section.

1270 (2) An advanced practice registered nurse having been issued a
1271 license pursuant to section 20-94a shall, for the first three years after
1272 having been issued such license, collaborate with a physician licensed
1273 to practice medicine in this state. In all settings, such advanced practice
1274 registered nurse may, in collaboration with a physician licensed to
1275 practice medicine in this state, prescribe, dispense and administer
1276 medical therapeutics and corrective measures and may request, sign
1277 for, receive and dispense drugs in the form of professional samples in
1278 accordance with sections 20-14c to 20-14e, inclusive, except such
1279 advanced practice registered nurse licensed pursuant to section 20-94a
1280 and maintaining current certification from the American Association of
1281 Nurse Anesthetists who is prescribing and administering medical
1282 therapeutics during surgery may only do so if the physician who is
1283 medically directing the prescriptive activity is physically present in the
1284 institution, clinic or other setting where the surgery is being
1285 performed. For purposes of this subdivision, "collaboration" means a
1286 mutually agreed upon relationship between such advanced practice
1287 registered nurse and a physician who is educated, trained or has
1288 relevant experience that is related to the work of such advanced
1289 practice registered nurse. The collaboration shall address a reasonable
1290 and appropriate level of consultation and referral, coverage for the
1291 patient in the absence of such advanced practice registered nurse, a
1292 method to review patient outcomes and a method of disclosure of the
1293 relationship to the patient. Relative to the exercise of prescriptive
1294 authority, the collaboration between such advanced practice registered
1295 nurse and a physician shall be in writing and shall address the level of

1296 schedule II and III controlled substances that such advanced practice
1297 registered nurse may prescribe and provide a method to review
1298 patient outcomes, including, but not limited to, the review of medical
1299 therapeutics, corrective measures, laboratory tests and other diagnostic
1300 procedures that such advanced practice registered nurse may
1301 prescribe, dispense and administer.

1302 (3) An advanced practice registered nurse having (A) been issued a
1303 license pursuant to section 20-94a, (B) maintained such license for a
1304 period of not less than three years, and (C) engaged in the performance
1305 of advanced practice level nursing activities in collaboration with a
1306 physician for a period of not less than three years and not less than two
1307 thousand hours in accordance with the provisions of subdivision (2) of
1308 this subsection, may, thereafter, alone or in collaboration with a
1309 physician or another health care provider licensed to practice in this
1310 state: (i) Perform the acts of diagnosis and treatment of alterations in
1311 health status, as described in subsection (a) of this section; and (ii)
1312 prescribe, dispense and administer medical therapeutics and corrective
1313 measures and dispense drugs in the form of professional samples as
1314 described in subdivision (2) of this subsection in all settings. Any
1315 advanced practice registered nurse electing to practice not in
1316 collaboration with a physician in accordance with the provisions of
1317 this subdivision shall maintain documentation of having engaged in
1318 the performance of advanced practice level nursing activities in
1319 collaboration with a physician for a period of not less than three years
1320 and not less than two thousand hours. Such advanced practice
1321 registered nurse shall maintain such documentation for a period of not
1322 less than three years after completing such requirements and shall
1323 submit such documentation to the Department of Public Health for
1324 inspection not later than forty-five days after a request made by the
1325 department for such documentation. Any such advanced practice
1326 registered nurse shall submit written notice to the Commissioner of
1327 Public Health of his or her intention to practice without collaboration
1328 with a physician after completing the requirements described in this

1329 subdivision and prior to beginning such practice. Not later than
1330 December first, annually, the Commissioner of Public Health shall
1331 publish on the department's Internet web site a list of such advanced
1332 practice registered nurses who are authorized to practice not in
1333 collaboration with a physician.

1334 (4) An advanced practice registered nurse licensed under the
1335 provisions of this chapter may make the determination and
1336 pronouncement of death of a patient, provided the advanced practice
1337 registered nurse attests to such pronouncement on the certificate of
1338 death and signs the certificate of death not later than twenty-four
1339 hours after the pronouncement.

1340 (c) The practice of nursing by a licensed practical nurse is defined as
1341 the performing of selected tasks and sharing of responsibility under
1342 the direction of a registered nurse or an advanced practice registered
1343 nurse and within the framework of supportive and restorative care,
1344 health counseling and teaching, case finding and referral, collaborating
1345 in the implementation of the total health care regimen and executing
1346 the medical regimen under the direction of a licensed physician,
1347 physician assistant, podiatrist, optometrist or dentist. A licensed
1348 practical nurse may also execute dietary orders written in a patient's
1349 chart by a certified dietitian-nutritionist.

1350 (d) In the case of a registered or licensed practical nurse employed
1351 by a home health care agency, the practice of nursing includes, but is
1352 not limited to, executing the medical regimen under the direction of a
1353 physician or an advanced practice registered nurse licensed in a state
1354 that borders Connecticut.

1355 Sec. 30. Section 20-162n of the general statutes is repealed and the
1356 following is substituted in lieu thereof (*Effective October 1, 2016*):

1357 As used in subsection (c) of section 19a-14, this section, and sections
1358 [20-162n] 20-162o to 20-162q, inclusive:

1359 (a) "Commissioner" means the Commissioner of Public Health;

1360 (b) "Respiratory care" means health care under the direction of a
1361 physician licensed pursuant to chapter 370 or an advanced practice
1362 registered nurse licensed pursuant to chapter 378 and in accordance
1363 with written protocols developed by said physician or advanced
1364 practice registered nurse, employed in the therapy, management,
1365 rehabilitation, diagnostic evaluation and care of patients with
1366 deficiencies and abnormalities that affect the cardiopulmonary system
1367 and associated aspects of other system functions and that includes the
1368 following: (1) The therapeutic and diagnostic use of medical gases,
1369 administering apparatus, humidification and aerosols, administration
1370 of drugs and medications to the cardiorespiratory systems, ventilatory
1371 assistance and ventilatory control, postural drainage, chest
1372 physiotherapy and breathing exercises, respiratory rehabilitation,
1373 cardiopulmonary resuscitation and maintenance of natural airways as
1374 well as the insertion and maintenance of artificial airways, (2) the
1375 specific testing techniques employed in respiratory therapy to assist in
1376 diagnosis, monitoring, treatment and research, including the
1377 measurement of ventilatory volumes, pressures and flows, specimen
1378 collection of blood and other materials, pulmonary function testing
1379 and hemodynamic and other related physiological monitoring of
1380 cardiopulmonary systems, (3) performance of a purified protein
1381 derivative test to identify exposure to tuberculosis, and (4) patient
1382 education in self-care procedures as part of the ongoing program of
1383 respiratory care of such patient. The practice of respiratory therapy is
1384 not limited to the hospital setting;

1385 (c) "Respiratory care practitioner" means a person who is licensed to
1386 practice respiratory care in this state pursuant to section 20-162o and
1387 who may transcribe and implement written and verbal orders for
1388 respiratory care issued by a physician licensed pursuant to chapter
1389 370, or a physician assistant licensed pursuant to chapter 370 or an
1390 advanced practice registered nurse licensed pursuant to chapter 378
1391 who is functioning within the person's respective scope of practice.

1392 Sec. 31. Section 20-206q of the 2016 supplement to the general
1393 statutes is repealed and the following is substituted in lieu thereof
1394 (*Effective October 1, 2016*):

1395 A certified dietitian-nutritionist may write an order for a patient
1396 diet, including, but not limited to, a therapeutic diet for a patient in an
1397 institution, as defined in section 19a-490. The certified dietitian-
1398 nutritionist shall write such order in the patient's medical record. Any
1399 order conveyed under this section shall be acted upon by the
1400 institution's nurses and physician assistants with the same authority as
1401 if the order were received directly from a physician or advanced
1402 practice registered nurse. Any order conveyed in this manner shall be
1403 countersigned by a physician or advanced practice registered nurse
1404 within seventy-two hours unless otherwise provided by state or
1405 federal law or regulations. Nothing in this section shall prohibit a
1406 physician or advanced practice registered nurse from conveying a
1407 verbal order for a patient diet to a certified dietitian-nutritionist.

1408 Sec. 32. Section 20-206jj of the 2016 supplement to the general
1409 statutes is repealed and the following is substituted in lieu thereof
1410 (*Effective October 1, 2016*):

1411 As used in this section and sections [20-206jj] 20-206kk to 20-206oo,
1412 inclusive:

1413 (1) "Advanced emergency medical technician" means an individual
1414 who is certified as an advanced emergency medical technician by the
1415 Department of Public Health;

1416 (2) "Commissioner" means the Commissioner of Public Health;

1417 (3) "Emergency medical services instructor" means a person who is
1418 certified under the provisions of section 20-206ll or 20-206mm by the
1419 Department of Public Health to teach courses, the completion of which
1420 is required in order to become an emergency medical technician;

1421 (4) "Emergency medical responder" means an individual who is
1422 certified to practice as an emergency medical responder under the
1423 provisions of section 20-206ll or 20-206mm;

1424 (5) "Emergency medical services personnel" means an individual
1425 certified to practice as an emergency medical responder, emergency
1426 medical technician, advanced emergency medical technician,
1427 emergency medical services instructor or an individual licensed as a
1428 paramedic;

1429 (6) "Emergency medical technician" means a person who is certified
1430 to practice as an emergency medical technician under the provisions of
1431 section 20-206ll or 20-206mm;

1432 (7) "Office of Emergency Medical Services" means the office
1433 established within the Department of Public Health pursuant to
1434 section 19a-178;

1435 (8) "Paramedicine" means the carrying out of (A) all phases of
1436 cardiopulmonary resuscitation and defibrillation, (B) the
1437 administration of drugs and intravenous solutions under written or
1438 oral authorization from a licensed physician or a licensed advanced
1439 practice registered nurse, and (C) the administration of controlled
1440 substances, as defined in section 21a-240, in accordance with written
1441 protocols or standing orders of a licensed physician or a licensed
1442 advanced practice registered nurse; and

1443 (9) "Paramedic" means a person licensed to practice as a paramedic
1444 under the provisions of section 20-206ll.

1445 Sec. 33. Subsection (e) of section 20-41a of the general statutes is
1446 repealed and the following is substituted in lieu thereof (*Effective*
1447 *October 1, 2016*):

1448 (e) In individual cases involving medical disability or illness, the
1449 commissioner may, in the commissioner's discretion, grant a waiver of

1450 the continuing education requirements or an extension of time within
1451 which to fulfill the continuing education requirements of this section to
1452 any licensee, provided the licensee submits to the department an
1453 application for waiver or extension of time on a form prescribed by the
1454 department, along with a certification by a licensed physician or a
1455 licensed advanced practice registered nurse of the disability or illness
1456 and such other documentation as may be required by the
1457 commissioner. The commissioner may grant a waiver or extension for
1458 a period not to exceed one registration period, except that the
1459 commissioner may grant additional waivers or extensions if the
1460 medical disability or illness upon which a waiver or extension is
1461 granted continues beyond the period of the waiver or extension and
1462 the licensee applies for an additional waiver or extension.

1463 Sec. 34. Subsection (c) of section 20-73b of the general statutes is
1464 repealed and the following is substituted in lieu thereof (*Effective*
1465 *October 1, 2016*):

1466 (c) The continuing education requirements shall be waived for
1467 licensees applying for licensure renewal for the first time. The
1468 department may, for a licensee who has a medical disability or illness,
1469 grant a waiver of the continuing education requirements or may grant
1470 the licensee an extension of time in which to fulfill the requirements,
1471 provided the licensee submits to the Department of Public Health an
1472 application for waiver or extension of time on a form prescribed by
1473 said department, along with a certification by a licensed physician or a
1474 licensed advanced practice registered nurse of the disability or illness
1475 and such other documentation as may be required by said department.
1476 The Department of Public Health may grant a waiver or extension for a
1477 period not to exceed one registration period, except that said
1478 department may grant additional waivers or extensions if the medical
1479 disability or illness upon which a waiver or extension is granted
1480 continues beyond the period of the waiver or extension and the
1481 licensee applies to said department for an additional waiver or
1482 extension.

1483 Sec. 35. Subsection (f) of section 20-74ff of the general statutes is
1484 repealed and the following is substituted in lieu thereof (*Effective*
1485 *October 1, 2016*):

1486 (f) In individual cases involving medical disability or illness, the
1487 commissioner may, in the commissioner's discretion, grant a waiver of
1488 the continuing education requirements or an extension of time within
1489 which to fulfill the continuing education requirements of this section to
1490 any licensee, provided the licensee submits to the department an
1491 application for waiver or extension of time on a form prescribed by the
1492 department, along with a certification by a licensed physician or a
1493 licensed advanced practice registered nurse of the disability or illness
1494 and such other documentation as may be required by the
1495 commissioner. The commissioner may grant a waiver or extension for
1496 a period not to exceed one registration period, except that the
1497 commissioner may grant additional waivers or extensions if the
1498 medical disability or illness upon which a waiver or extension is
1499 granted continues beyond the period of the waiver or extension and
1500 the licensee applies for an additional waiver or extension.

1501 Sec. 36. Subsection (f) of section 20-126c of the 2016 supplement to
1502 the general statutes is repealed and the following is substituted in lieu
1503 thereof (*Effective October 1, 2016*):

1504 (f) In individual cases involving medical disability or illness, the
1505 commissioner may, in the commissioner's discretion, grant a waiver of
1506 the continuing education requirements or an extension of time within
1507 which to fulfill the continuing education requirements of this section to
1508 any licensee, provided the licensee submits to the department an
1509 application for waiver or extension of time on a form prescribed by the
1510 department, along with a certification by a licensed physician or a
1511 licensed advanced practice registered nurse of the disability or illness
1512 and such other documentation as may be required by the
1513 commissioner. The commissioner may grant a waiver or extension for
1514 a period not to exceed one registration period, except that the

1515 commissioner may grant additional waivers or extensions if the
1516 medical disability or illness upon which a waiver or extension is
1517 granted continues beyond the period of the waiver or extension and
1518 the licensee applies for an additional waiver or extension.

1519 Sec. 37. Subsection (i) of section 20-126l of the general statutes is
1520 repealed and the following is substituted in lieu thereof (*Effective*
1521 *October 1, 2016*):

1522 (i) In individual cases involving medical disability or illness, the
1523 Commissioner of Public Health may grant a waiver of the continuing
1524 education requirements or an extension of time within which to fulfill
1525 the requirements of this subsection to any licensee, provided the
1526 licensee submits to the Department of Public Health an application for
1527 waiver or extension of time on a form prescribed by the commissioner,
1528 along with a certification by a licensed physician or a licensed
1529 advanced practice registered nurse of the disability or illness and such
1530 other documentation as may be required by the commissioner. The
1531 commissioner may grant a waiver or extension for a period not to
1532 exceed one registration period, except the commissioner may grant
1533 additional waivers or extensions if the medical disability or illness
1534 upon which a waiver or extension is granted continues beyond the
1535 period of the waiver or extension and the licensee applies for an
1536 additional waiver or extension.

1537 Sec. 38. Subsection (e) of section 20-132a of the general statutes is
1538 repealed and the following is substituted in lieu thereof (*Effective*
1539 *October 1, 2016*):

1540 (e) In individual cases involving medical disability or illness, the
1541 Commissioner of Public Health may grant a waiver of the continuing
1542 education requirements or an extension of time within which to fulfill
1543 the requirements of this section to any licensee, provided the licensee
1544 submits to the department an application for waiver or extension of
1545 time on a form prescribed by the commissioner, along with a

1546 certification by a licensed physician or a licensed advanced practice
1547 registered nurse of the disability or illness and such other
1548 documentation as may be required by the commissioner. The
1549 commissioner may grant a waiver or extension for a period not to
1550 exceed one registration period, except that the commissioner may
1551 grant additional waivers or extensions if the medical disability or
1552 illness upon which a waiver or extension is granted continues beyond
1553 the period of the waiver or extension and the licensee applies for an
1554 additional waiver or extension.

1555 Sec. 39. Subsection (e) of section 20-162r of the general statutes is
1556 repealed and the following is substituted in lieu thereof (*Effective*
1557 *October 1, 2016*):

1558 (e) In individual cases involving medical disability or illness, the
1559 commissioner may, in the commissioner's discretion, grant a waiver of
1560 the continuing education requirements or an extension of time within
1561 which to fulfill the continuing education requirements of this section to
1562 any licensee, provided the licensee submits to the department an
1563 application for waiver or extension of time on a form prescribed by the
1564 department, along with a certification by a licensed physician or a
1565 licensed advanced practice registered nurse of the disability or illness
1566 and such other documentation as may be required by the
1567 commissioner. The commissioner may grant a waiver or extension for
1568 a period not to exceed one registration period, except that the
1569 commissioner may grant additional waivers or extensions if the
1570 medical disability or illness upon which a waiver or extension is
1571 granted continues beyond the period of the waiver or extension and
1572 the licensee applies for an additional waiver or extension.

1573 Sec. 40. Subsection (d) of section 20-191c of the 2016 supplement to
1574 the general statutes is repealed and the following is substituted in lieu
1575 thereof (*Effective October 1, 2016*):

1576 (d) A licensee applying for license renewal for the first time shall be

1577 exempt from the continuing education requirements under subsection
1578 (a) of this section. In individual cases involving medical disability or
1579 illness, the Commissioner of Public Health may grant a waiver of the
1580 continuing education requirements or an extension of time within
1581 which to fulfill the continuing education requirements of this section to
1582 any licensee, provided the licensee submits to the department an
1583 application for waiver or extension of time on a form prescribed by the
1584 commissioner, along with a certification by a licensed physician or a
1585 licensed advanced practice registered nurse of the disability or illness
1586 and such other documentation as may be required by the
1587 commissioner. The commissioner may grant a waiver or extension for
1588 a period not to exceed one registration period, except the
1589 commissioner may grant additional waivers or extensions if the
1590 medical disability or illness upon which a waiver or extension is
1591 granted continues beyond the period of the waiver or extension and
1592 the licensee applies for an additional waiver or extension. The
1593 commissioner may grant a waiver of the continuing education
1594 requirements to a licensee who is not engaged in active professional
1595 practice, in any form, during a registration period, provided the
1596 licensee submits a notarized application on a form prescribed by the
1597 commissioner prior to the end of the registration period. A licensee
1598 who is granted a waiver under the provisions of this subsection may
1599 not engage in professional practice until the licensee has met the
1600 continuing education requirements of this section.

1601 Sec. 41. Subsection (f) of section 20-201a of the general statutes is
1602 repealed and the following is substituted in lieu thereof (*Effective*
1603 *October 1, 2016*):

1604 (f) In individual cases involving medical disability or illness, the
1605 commissioner may, in the commissioner's discretion, grant a waiver of
1606 the continuing education requirements or an extension of time within
1607 which to fulfill the continuing education requirements of this section to
1608 any licensee, provided the licensee submits to the department an
1609 application for waiver or extension of time on a form prescribed by the

1610 department, along with a certification by a licensed physician or a
1611 licensed advanced practice registered nurse of the disability or illness
1612 and such other documentation as may be required by the
1613 commissioner. The commissioner may grant a waiver or extension for
1614 a period not to exceed one registration period, except that the
1615 commissioner may grant additional waivers or extensions if the
1616 medical disability or illness upon which a waiver or extension is
1617 granted continues beyond the period of the waiver or extension and
1618 the licensee applies for an additional waiver or extension.

1619 Sec. 42. Subdivision (3) of subsection (e) of section 20-206bb of the
1620 2016 supplement to the general statutes is repealed and the following
1621 is substituted in lieu thereof (*Effective October 1, 2016*):

1622 (3) In individual cases involving medical disability or illness, the
1623 commissioner may grant a waiver of the continuing education or
1624 certification requirements or an extension of time within which to
1625 fulfill such requirements of this subsection to any licensee, provided
1626 the licensee submits to the department an application for waiver or
1627 extension of time on a form prescribed by the commissioner, along
1628 with a certification by a licensed physician or a licensed advanced
1629 practice registered nurse of the disability or illness and such other
1630 documentation as may be required by the department. The
1631 commissioner may grant a waiver or extension for a period not to
1632 exceed one registration period, except that the commissioner may
1633 grant additional waivers or extensions if the medical disability or
1634 illness upon which a waiver or extension is granted continues beyond
1635 the period of the waiver or extension and the licensee applies for an
1636 additional waiver or extension.

1637 Sec. 43. Subsection (f) of section 20-395d of the 2016 supplement to
1638 the general statutes is repealed and the following is substituted in lieu
1639 thereof (*Effective October 1, 2016*):

1640 (f) In individual cases involving medical disability or illness, the

1641 commissioner may, in the commissioner's discretion, grant a waiver of
1642 the continuing education requirements or an extension of time within
1643 which to fulfill the continuing education requirements of this section to
1644 any licensee, provided the licensee submits to the department an
1645 application for waiver or extension of time on a form prescribed by the
1646 department, along with a certification by a licensed physician or a
1647 licensed advanced practice registered nurse of the disability or illness
1648 and such other documentation as may be required by the
1649 commissioner. The commissioner may grant a waiver or extension for
1650 a period not to exceed one registration period, except that the
1651 commissioner may grant additional waivers or extensions if the
1652 medical disability or illness upon which a waiver or extension is
1653 granted continues beyond the period of the waiver or extension and
1654 the licensee applies for an additional waiver or extension.

1655 Sec. 44. Subdivision (3) of subsection (b) of section 20-402 of the
1656 general statutes is repealed and the following is substituted in lieu
1657 thereof (*Effective October 1, 2016*):

1658 (3) In individual cases involving medical disability or illness, the
1659 commissioner may grant a waiver of the continuing education
1660 requirements or an extension of time within which to fulfill such
1661 requirements of this subsection to any licensee, provided the licensee
1662 submits to the department an application for waiver or extension of
1663 time on a form prescribed by the commissioner, along with a
1664 certification by a licensed physician or a licensed advanced practice
1665 registered nurse of the disability or illness and such other
1666 documentation as may be required by the department. The
1667 commissioner may grant a waiver or extension for a period not to
1668 exceed one registration period, except that the commissioner may
1669 grant additional waivers or extensions if the medical disability or
1670 illness upon which a waiver or extension is granted continues beyond
1671 the period of the waiver or extension and the licensee applies for an
1672 additional waiver or extension.

1673 Sec. 45. Subsection (f) of section 20-411a of the general statutes is
1674 repealed and the following is substituted in lieu thereof (*Effective*
1675 *October 1, 2016*):

1676 (f) In individual cases involving medical disability or illness, the
1677 commissioner may, in the commissioner's discretion, grant a waiver of
1678 the continuing education requirements or an extension of time within
1679 which to fulfill the continuing education requirements of this section to
1680 any licensee, provided the licensee submits to the department, prior to
1681 the expiration of the registration period, an application for waiver on a
1682 form prescribed by the department, along with a certification by a
1683 licensed physician or a licensed advanced practice registered nurse of
1684 the disability or illness and such other documentation as may be
1685 required by the commissioner. The commissioner may grant a waiver
1686 or extension for a period not to exceed one registration period, except
1687 that the commissioner may grant additional waivers or extensions if
1688 the medical disability or illness upon which a waiver or extension is
1689 granted continues beyond the period of the waiver or extension and
1690 the licensee applies for an additional waiver or extension.

1691 Sec. 46. Section 20-631 of the general statutes is repealed and the
1692 following is substituted in lieu thereof (*Effective October 1, 2016*):

1693 (a) Except as provided in section 20-631b, one or more pharmacists
1694 licensed under this chapter who are determined competent in
1695 accordance with regulations adopted pursuant to subsection (d) of this
1696 section may enter into a written protocol-based collaborative drug
1697 therapy management agreement with one or more physicians licensed
1698 under chapter 370 or advanced practice registered nurses licensed
1699 under chapter 378 to manage the drug therapy of individual patients.
1700 In order to enter into a written protocol-based collaborative drug
1701 therapy management agreement, such physician or advanced practice
1702 registered nurse shall have established a [physician-patient] health
1703 care professional-patient relationship with the patient who will receive
1704 collaborative drug therapy. Each patient's collaborative drug therapy

1705 management shall be governed by a written protocol specific to that
1706 patient established by the treating physician or advanced practice
1707 registered nurse in consultation with the pharmacist. For purposes of
1708 this subsection, a ["physician-patient relationship"] "health care
1709 professional-patient relationship" is a relationship based on (1) the
1710 patient making a medical complaint, (2) the patient providing a
1711 medical history, (3) the patient receiving a physical examination, and
1712 (4) a logical connection existing between the medical complaint, the
1713 medical history, the physical examination and any drug prescribed for
1714 the patient.

1715 (b) A collaborative drug therapy management agreement may
1716 authorize a pharmacist to implement, modify or discontinue a drug
1717 therapy that has been prescribed for a patient, order associated
1718 laboratory tests and administer drugs, all in accordance with a patient-
1719 specific written protocol. In instances where drug therapy is
1720 discontinued, the pharmacist shall notify the treating physician or
1721 advanced practice registered nurse of such discontinuance no later
1722 than twenty-four hours from the time of such discontinuance. Each
1723 protocol developed, pursuant to the collaborative drug therapy
1724 management agreement, shall contain detailed direction concerning
1725 the actions that the pharmacist may perform for that patient. The
1726 protocol shall include, but need not be limited to, (1) the specific drug
1727 or drugs to be managed by the pharmacist, (2) the terms and
1728 conditions under which drug therapy may be implemented, modified
1729 or discontinued, (3) the conditions and events upon which the
1730 pharmacist is required to notify the physician or advanced practice
1731 registered nurse, and (4) the laboratory tests that may be ordered. All
1732 activities performed by the pharmacist in conjunction with the
1733 protocol shall be documented in the patient's medical record. The
1734 pharmacist shall report at least every thirty days to the physician or
1735 advanced practice registered nurse regarding the patient's drug
1736 therapy management. The collaborative drug therapy management
1737 agreement and protocols shall be available for inspection by the

1738 Departments of Public Health and Consumer Protection. A copy of the
1739 protocol shall be filed in the patient's medical record.

1740 (c) A pharmacist shall be responsible for demonstrating, in
1741 accordance with regulations adopted pursuant to subsection (d) of this
1742 section, the competence necessary for participation in each drug
1743 therapy management agreement into which such pharmacist enters.

1744 (d) The Commissioner of Consumer Protection, in consultation with
1745 the Commissioner of Public Health, shall adopt regulations, in
1746 accordance with chapter 54, concerning competency requirements for
1747 participation in a written protocol-based collaborative drug therapy
1748 management agreement described in subsection (a) of this section, the
1749 minimum content of the collaborative drug therapy management
1750 agreement and the written protocol and such other matters said
1751 commissioners deem necessary to carry out the purpose of this section.

1752 Sec. 47. Section 21a-217 of the general statutes is repealed and the
1753 following is substituted in lieu thereof (*Effective October 1, 2016*):

1754 Every contract for health club services shall provide that such
1755 contract may be cancelled within three business days after the date of
1756 receipt by the buyer of a copy of the contract, by written notice
1757 delivered by certified or registered United States mail to the seller or
1758 the seller's agent at an address which shall be specified in the contract.
1759 After receipt of such cancellation, the health club may request the
1760 return of contract forms, membership cards and any and all other
1761 documents and evidence of membership previously delivered to the
1762 buyer. Cancellation shall be without liability on the part of the buyer,
1763 except for the fair market value of services actually received and the
1764 buyer shall be entitled to a refund of the entire consideration paid for
1765 the contract, if any, less the fair market value of the services or use of
1766 facilities already actually received. Such right of cancellation shall not
1767 be affected by the terms of the contract and may not be waived or
1768 otherwise surrendered. Such contract for health club services shall also

1769 contain a clause providing that if the person receiving the benefits of
1770 such contract relocates further than twenty-five miles from a health
1771 club facility operated by the seller or a substantially similar health club
1772 facility which would accept the seller's obligation under the contract,
1773 or dies during the membership term following the date of such
1774 contract, or if the health club ceases operation at the location where the
1775 buyer entered into the contract, the buyer or his estate shall be relieved
1776 of any further obligation for payment under the contract not then due
1777 and owing. The contract shall also provide that if the buyer becomes
1778 disabled during the membership term, the buyer shall have the option
1779 of (1) being relieved of liability for payment on that portion of the
1780 contract term for which he is disabled, or (2) extending the duration of
1781 the original contract at no cost to the buyer for a period equal to the
1782 duration of the disability. The health club shall have the right to
1783 require and verify reasonable evidence of relocation, disability or
1784 death. In the case of disability, the health club may require that a
1785 [doctor's] certificate signed by a licensed physician or a licensed
1786 advanced practice registered nurse be submitted as verification and
1787 may also require in such contract that the buyer submit to a physical
1788 examination by a [doctor] licensed physician or a licensed advanced
1789 practice registered nurse agreeable to the buyer and the health club,
1790 the cost of which examination shall be borne by the health club.

1791 Sec. 48. Subsections (a) to (c), inclusive, of section 21a-218 of the
1792 general statutes are repealed and the following is substituted in lieu
1793 thereof (*Effective October 1, 2016*):

1794 (a) A copy of the health club contract shall be delivered to the buyer
1795 at the time the contract is signed. All health club contracts shall be in
1796 writing and signed by the buyer, shall designate the date on which the
1797 buyer actually signs the contract, shall identify the address of the
1798 location at which the buyer entered the contract and shall contain a
1799 statement of the buyer's rights which complies with this section. The
1800 statement must: (1) Appear in the contract under the conspicuous
1801 caption: "BUYER'S RIGHT TO CANCEL", and (2) read as follows:

1802 "If you wish to cancel this contract, you may cancel by mailing a
1803 written notice by certified or registered mail to the address specified
1804 below. The notice must say that you do not wish to be bound by this
1805 contract and must be delivered or mailed before midnight of the third
1806 business day after you sign this contract. After you cancel, the health
1807 club may request the return of all contracts, membership cards and
1808 other documents of evidence of membership. The notice must be
1809 delivered or mailed to:

1810

1811

1812 (Insert name and mailing address for cancellation notice.)

1813 You may also cancel this contract if you relocate your residence
1814 further than twenty-five miles from any health club operated by the
1815 seller or from any other substantially similar health club which would
1816 accept the obligation of the seller. This contract may also be cancelled if
1817 you die, or if the health club ceases operation at the location where you
1818 entered into this contract. If you become disabled, you shall have the
1819 option of (1) being relieved of liability for payment on that portion of
1820 the contract term for which you are disabled, or (2) extending the
1821 duration of the original contract at no cost to you for a period equal to
1822 the duration of the disability. You must prove such disability by a
1823 [doctor's] certificate signed by a licensed physician or a licensed
1824 advanced practice registered nurse, which certificate shall be enclosed
1825 with the written notice of disability sent to the health club. The health
1826 club may require that you be examined by another physician or
1827 advanced practice registered nurse agreeable to you and the health
1828 club at its expense. If you cancel, the health club may keep or collect an
1829 amount equal to the fair market value of the services or use of facilities
1830 you have already received."

1831 The full text of this statement shall be in ten-point bold type.

1832 (b) If a buyer cancels a health club contract pursuant to the three-
1833 day cancellation provision or as a result of having moved further than
1834 twenty-five miles, or as a result of the health club ceasing operation at
1835 the location where the buyer entered into the contract as provided by
1836 this chapter, the health club shall send the buyer a written
1837 confirmation of cancellation within fifteen days after receipt by the
1838 health club of the buyer's cancellation notice. If the health club fails to
1839 send such written notice to the buyer within fifteen days, the health
1840 club shall be deemed to have accepted the cancellation.

1841 (c) (1) If the buyer notifies the health club that he has become
1842 disabled, the health club shall notify the buyer in writing within fifteen
1843 days of receipt by the health club of the buyer's notice of disability and
1844 any [doctor's] certificate signed by a licensed physician or a licensed
1845 advanced practice registered nurse which may be required under
1846 subsection (a) of this section that: (A) The health club will not require
1847 the buyer to submit to another physical examination; or (B) the health
1848 club requires the buyer to submit to another physical examination and
1849 that the buyer's obligations under the contract are suspended pending
1850 determination of disability. If the health club fails to send such written
1851 notice to the buyer within fifteen days, the health club shall be deemed
1852 to have accepted the disability.

1853 (2) If the health club requires the buyer to submit to another
1854 physical examination, all obligations of the buyer for payment under
1855 the contract will be suspended as of the date the health club receives
1856 notice of disability. The buyer's obligations will not resume until such
1857 time as a determination is made, either by consent of the buyer and the
1858 health club or through adjudicative proceedings, that disability does
1859 not exist.

1860 Sec. 49. Subsection (a) of section 21a-246 of the general statutes is
1861 repealed and the following is substituted in lieu thereof (*Effective*
1862 *October 1, 2016*):

1863 (a) No person within this state shall manufacture, wholesale,
1864 repackage, supply, compound, mix, cultivate or grow, or by other
1865 process produce or prepare, controlled substances without first
1866 obtaining a license to do so from the Commissioner of Consumer
1867 Protection and no person within this state shall operate a laboratory
1868 for the purpose of research or analysis using controlled substances
1869 without first obtaining a license to do so from the Commissioner of
1870 Consumer Protection, except that such activities by pharmacists or
1871 pharmacies in the filling and dispensing of prescriptions or activities
1872 incident thereto, or the dispensing or administering of controlled
1873 substances by dentists, podiatrists, physicians, advanced practice
1874 registered nurses or veterinarians, or other persons acting under their
1875 supervision, in the treatment of patients shall not be subject to the
1876 provisions of this section, and provided laboratories for instruction in
1877 dentistry, medicine, nursing, pharmacy, pharmacology and
1878 pharmacognosy in institutions duly licensed for such purposes in this
1879 state shall not be subject to the provisions of this section except with
1880 respect to narcotic drugs and schedule I and II controlled substances.
1881 Upon application of any physician licensed pursuant to chapter 370 or
1882 an advanced practice registered nurse licensed pursuant to chapter
1883 378, the Commissioner of Consumer Protection shall without
1884 unnecessary delay, license such physician or advanced practice
1885 registered nurse to possess and supply marijuana for the treatment of
1886 glaucoma or the side effects of chemotherapy. No person outside this
1887 state shall sell or supply controlled substances within this state
1888 without first obtaining a license to do so from the Commissioner of
1889 Consumer Protection, provided no such license shall be required of a
1890 manufacturer whose principal place of business is located outside this
1891 state and who is registered with the federal Drug Enforcement
1892 Administration or other federal agency, and who files a copy of such
1893 registration with the appropriate licensing authority under this
1894 chapter.

1895 Sec. 50. Section 21a-253 of the general statutes is repealed and the

1896 following is substituted in lieu thereof (*Effective October 1, 2016*):

1897 Any person may possess or have under his control a quantity of
1898 marijuana less than or equal to that quantity supplied to him pursuant
1899 to a prescription made in accordance with the provisions of section
1900 21a-249 by a physician licensed under the provisions of chapter 370 or
1901 an advanced practice registered nurse licensed under the provisions of
1902 chapter 378 and further authorized by subsection (a) of section 21a-246,
1903 as amended by this act, by the Commissioner of Consumer Protection
1904 to possess and supply marijuana for the treatment of glaucoma or the
1905 side effects of chemotherapy.

1906 Sec. 51. Section 21a-408 of the general statutes is repealed and the
1907 following is substituted in lieu thereof (*Effective October 1, 2016*):

1908 As used in sections 21a-408 to 21a-408o, inclusive, unless the context
1909 otherwise requires:

1910 (1) "Advanced practice registered nurse" means an advanced
1911 practice registered nurse licensed pursuant to chapter 378;

1912 ~~[(1)]~~ (2) "Cultivation" includes planting, propagating, cultivating,
1913 growing and harvesting;

1914 ~~[(2)]~~ (3) "Debilitating medical condition" means (A) cancer,
1915 glaucoma, positive status for human immunodeficiency virus or
1916 acquired immune deficiency syndrome, Parkinson's disease, multiple
1917 sclerosis, damage to the nervous tissue of the spinal cord with
1918 objective neurological indication of intractable spasticity, epilepsy,
1919 cachexia, wasting syndrome, Crohn's disease, posttraumatic stress
1920 disorder, or (B) any medical condition, medical treatment or disease
1921 approved by the Department of Consumer Protection pursuant to
1922 regulations adopted under section 21a-408m, as amended by this act;

1923 ~~[(3)]~~ (4) "Licensed dispensary" or "dispensary" means a person
1924 licensed as a dispensary pursuant to section 21a-408h;

1925 [(4)] (5) "Licensed producer" or "producer" means a person licensed
1926 as a producer pursuant to section 21a-408i;

1927 [(5)] (6) "Marijuana" means marijuana, as defined in section 21a-240;

1928 [(6)] (7) "Palliative use" means the acquisition, distribution, transfer,
1929 possession, use or transportation of marijuana or paraphernalia
1930 relating to marijuana, including the transfer of marijuana and
1931 paraphernalia relating to marijuana from the patient's primary
1932 caregiver to the qualifying patient, to alleviate a qualifying patient's
1933 symptoms of a debilitating medical condition or the effects of such
1934 symptoms, but does not include any such use of marijuana by any
1935 person other than the qualifying patient;

1936 [(7)] (8) "Paraphernalia" means drug paraphernalia, as defined in
1937 section 21a-240;

1938 [(8)] (9) "Physician" means a person who is licensed under chapter
1939 370, but does not include a physician assistant, as defined in section 20-
1940 12a;

1941 [(9)] (10) "Primary caregiver" means a person, other than the
1942 qualifying patient and the qualifying patient's physician or advanced
1943 practice registered nurse, who is eighteen years of age or older and has
1944 agreed to undertake responsibility for managing the well-being of the
1945 qualifying patient with respect to the palliative use of marijuana,
1946 provided (A) in the case of a qualifying patient lacking legal capacity,
1947 such person shall be a parent, guardian or person having legal custody
1948 of such qualifying patient, and (B) the need for such person shall be
1949 evaluated by the qualifying patient's physician or advanced practice
1950 registered nurse and such need shall be documented in the written
1951 certification;

1952 [(10)] (11) "Qualifying patient" means a person who is eighteen
1953 years of age or older, is a resident of Connecticut and has been
1954 diagnosed by a physician or an advanced practice registered nurse as

1955 having a debilitating medical condition. "Qualifying patient" does not
1956 include an inmate confined in a correctional institution or facility
1957 under the supervision of the Department of Correction;

1958 [(11)] (12) "Usable marijuana" means the dried leaves and flowers of
1959 the marijuana plant, and any mixtures or preparations of such leaves
1960 and flowers, that are appropriate for the palliative use of marijuana,
1961 but does not include the seeds, stalks and roots of the marijuana plant;
1962 and

1963 [(12)] (13) "Written certification" means a written certification issued
1964 by a physician or an advanced practice registered nurse pursuant to
1965 section 21a-408c, as amended by this act.

1966 Sec. 52. Subsection (a) of section 21a-408a of the general statutes is
1967 repealed and the following is substituted in lieu thereof (*Effective*
1968 *October 1, 2016*):

1969 (a) A qualifying patient shall register with the Department of
1970 Consumer Protection pursuant to section 21a-408d, as amended by this
1971 act, prior to engaging in the palliative use of marijuana. A qualifying
1972 patient who has a valid registration certificate from the Department of
1973 Consumer Protection pursuant to subsection (a) of section 21a-408d, as
1974 amended by this act, and complies with the requirements of sections
1975 21a-408 to 21a-408n, inclusive, as amended by this act, shall not be
1976 subject to arrest or prosecution, penalized in any manner, including,
1977 but not limited to, being subject to any civil penalty, or denied any
1978 right or privilege, including, but not limited to, being subject to any
1979 disciplinary action by a professional licensing board, for the palliative
1980 use of marijuana if:

1981 (1) The qualifying patient's physician or advanced practice
1982 registered nurse has issued a written certification to the qualifying
1983 patient for the palliative use of marijuana after the physician or
1984 advanced practice registered nurse has prescribed, or determined it is
1985 not in the best interest of the patient to prescribe, prescription drugs to

1986 address the symptoms or effects for which the certification is being
1987 issued;

1988 (2) The combined amount of marijuana possessed by the qualifying
1989 patient and the primary caregiver for palliative use does not exceed an
1990 amount of usable marijuana reasonably necessary to ensure
1991 uninterrupted availability for a period of one month, as determined by
1992 the Department of Consumer Protection pursuant to regulations
1993 adopted under section 21a-408m, as amended by this act; and

1994 (3) The qualifying patient has not more than one primary caregiver
1995 at any time.

1996 Sec. 53. Section 21a-408c of the general statutes is repealed and the
1997 following is substituted in lieu thereof (*Effective October 1, 2016*):

1998 (a) A physician or an advanced practice registered nurse may issue
1999 a written certification to a qualifying patient that authorizes the
2000 palliative use of marijuana by the qualifying patient. Such written
2001 certification shall be in the form prescribed by the Department of
2002 Consumer Protection and shall include a statement signed and dated
2003 by the qualifying patient's physician or advanced practice registered
2004 nurse stating that, in such physician's or advanced practice registered
2005 nurse's professional opinion, the qualifying patient has a debilitating
2006 medical condition and the potential benefits of the palliative use of
2007 marijuana would likely outweigh the health risks of such use to the
2008 qualifying patient.

2009 (b) Any written certification for the palliative use of marijuana
2010 issued by a physician or an advanced practice registered nurse under
2011 subsection (a) of this section shall be valid for a period not to exceed
2012 one year from the date such written certification is signed and dated
2013 by the physician or advanced practice registered nurse. Not later than
2014 ten calendar days after the expiration of such period, or at any time
2015 before the expiration of such period should the qualifying patient no
2016 longer wish to possess marijuana for palliative use, the qualifying

2017 patient or the primary caregiver shall destroy all usable marijuana
2018 possessed by the qualifying patient and the primary caregiver for
2019 palliative use.

2020 (c) A physician or an advanced practice registered nurse shall not be
2021 subject to arrest or prosecution, penalized in any manner, including,
2022 but not limited to, being subject to any civil penalty, or denied any
2023 right or privilege, including, but not limited to, being subject to any
2024 disciplinary action by the Connecticut Medical Examining Board, the
2025 Connecticut State Board of Examiners for Nursing or other
2026 professional licensing board, for providing a written certification for
2027 the palliative use of marijuana under subdivision (1) of subsection (a)
2028 of section 21a-408a, as amended by this act, if:

2029 (1) The physician or advanced practice registered nurse has
2030 diagnosed the qualifying patient as having a debilitating medical
2031 condition;

2032 (2) The physician or advanced practice registered nurse has
2033 explained the potential risks and benefits of the palliative use of
2034 marijuana to the qualifying patient and, if the qualifying patient lacks
2035 legal capacity, to a parent, guardian or person having legal custody of
2036 the qualifying patient;

2037 (3) The written certification issued by the physician or advanced
2038 practice registered nurse is based upon the physician's or advanced
2039 practice registered nurse's professional opinion after having completed
2040 a medically reasonable assessment of the qualifying patient's medical
2041 history and current medical condition made in the course of a bona
2042 fide [physician-patient] health care professional-patient relationship;
2043 and

2044 (4) The physician or advanced practice registered nurse has no
2045 financial interest in a dispensary licensed under section 21a-408h or a
2046 producer licensed under section 21a-408i.

2047 Sec. 54. Section 21a-408d of the 2016 supplement to the general
2048 statutes is repealed and the following is substituted in lieu thereof
2049 (*Effective October 1, 2016*):

2050 (a) Each qualifying patient who is issued a written certification for
2051 the palliative use of marijuana under subdivision (1) of subsection (a)
2052 of section 21a-408a, as amended by this act, and the primary caregiver
2053 of such qualifying patient, shall register with the Department of
2054 Consumer Protection. Such registration shall be effective from the date
2055 the Department of Consumer Protection issues a certificate of
2056 registration until the expiration of the written certification issued by
2057 the physician or advanced practice registered nurse. The qualifying
2058 patient and the primary caregiver shall provide sufficient identifying
2059 information, as determined by the department, to establish the
2060 personal identity of the qualifying patient and the primary caregiver.
2061 The qualifying patient or the primary caregiver shall report any
2062 change in such information to the department not later than five
2063 business days after such change. The department shall issue a
2064 registration certificate to the qualifying patient and to the primary
2065 caregiver and may charge a reasonable fee, not to exceed twenty-five
2066 dollars, for each registration certificate issued under this subsection.
2067 Any registration fees collected by the department under this
2068 subsection shall be paid to the State Treasurer and credited to the
2069 General Fund.

2070 (b) Information obtained under this section shall be confidential and
2071 shall not be subject to disclosure under the Freedom of Information
2072 Act, as defined in section 1-200, except that reasonable access to
2073 registry information obtained under this section and temporary
2074 registration information obtained under section 21a-408n, as amended
2075 by this act, shall be provided to: (1) State agencies, federal agencies and
2076 local law enforcement agencies for the purpose of investigating or
2077 prosecuting a violation of law; (2) physicians, advanced practice
2078 registered nurses and pharmacists for the purpose of providing patient
2079 care and drug therapy management and monitoring controlled

2080 substances obtained by the qualifying patient; (3) public or private
2081 entities for research or educational purposes, provided no individually
2082 identifiable health information may be disclosed; (4) a licensed
2083 dispensary for the purpose of complying with sections 21a-408 to 21a-
2084 408n, inclusive, as amended by this act; (5) a qualifying patient, but
2085 only with respect to information related to such qualifying patient or
2086 such qualifying patient's primary caregiver; or (6) a primary caregiver,
2087 but only with respect to information related to such primary
2088 caregiver's qualifying patient.

2089 Sec. 55. Subsection (a) of section 21a-408m of the 2016 supplement to
2090 the general statutes is repealed and the following is substituted in lieu
2091 thereof (*Effective October 1, 2016*):

2092 (a) The Commissioner of Consumer Protection may adopt
2093 regulations, in accordance with chapter 54, to establish (1) a standard
2094 form for written certifications for the palliative use of marijuana issued
2095 by physicians and advanced practice registered nurses under
2096 subdivision (1) of subsection (a) of section 21a-408a, as amended by
2097 this act, and (2) procedures for registrations under section 21a-408d, as
2098 amended by this act. Such regulations, if any, shall be adopted after
2099 consultation with the Board of Physicians established in section 21a-
2100 408l.

2101 Sec. 56. Section 21a-408n of the general statutes is repealed and the
2102 following is substituted in lieu thereof (*Effective October 1, 2016*):

2103 (a) During the period beginning on October 1, 2012, and ending
2104 thirty calendar days after the effective date of regulations adopted
2105 pursuant to section 21a-408m, as amended by this act, a qualifying
2106 patient who would be determined to be eligible for a registration
2107 certificate pursuant to subsection (a) of section 21a-408d, as amended
2108 by this act, except for the lack of effective regulations concerning
2109 licensed dispensaries, licensed producers, distribution systems and
2110 amounts of marijuana, may obtain a written certification from a

2111 physician or an advanced practice registered nurse and upon
2112 presenting the written certification to the Department of Consumer
2113 Protection, the department shall issue a temporary registration
2114 certificate for the palliative use of marijuana. The department shall
2115 indicate on such temporary registration certificate the amount of
2116 usable marijuana that constitutes a one month supply which may be
2117 possessed pursuant to such temporary registration certificate. The
2118 department shall maintain a list of all temporary registration
2119 certificates issued pursuant to this section and the information on such
2120 list shall be confidential and shall not be subject to disclosure under the
2121 Freedom of Information Act, as defined in section 1-200, except that
2122 such information may be disclosed in the manner set forth in
2123 subsection (b) of section 21a-408d, as amended by this act.

2124 (b) A qualifying patient possessing a temporary registration
2125 certificate and the qualifying patient's primary caregiver shall not be
2126 subject to arrest or prosecution, penalized in any manner, including,
2127 but not limited to, being subject to any civil penalty, or denied any
2128 right or privilege, including, but not limited to, being subject to any
2129 disciplinary action by a professional licensing board, for possessing
2130 marijuana if the amount of usable marijuana possessed by the
2131 qualifying patient and the primary caregiver is not more than the
2132 amount specified in the temporary registration certificate.

2133 (c) A physician or an advanced practice registered nurse shall not be
2134 subject to arrest or prosecution, penalized in any manner, including,
2135 but not limited to, being subject to any civil penalty, or denied any
2136 right or privilege, including, but not limited to, being subject to any
2137 disciplinary action by the Connecticut Medical Examining Board, the
2138 State Board of Examiners for Nursing or other professional licensing
2139 board, for providing a written certification for the palliative use of
2140 marijuana pursuant to this section.

2141 Sec. 57. Subsection (b) of section 22a-616 of the general statutes is
2142 repealed and the following is substituted in lieu thereof (*Effective*

2143 *October 1, 2016*):

2144 (b) Notwithstanding the provisions of section 22a-617, on and after
2145 January 1, 2003, no person shall offer for sale or distribute for
2146 promotional purposes mercury fever thermometers except by
2147 prescription written by a physician or an advanced practice registered
2148 nurse. A manufacturer of mercury fever thermometers shall provide
2149 the buyer or the recipient with notice of mercury content, instructions
2150 on proper disposal and instructions that clearly describe how to
2151 carefully handle the thermometer to avoid breakage and on proper
2152 cleanup should a breakage occur.

2153 Sec. 58. Section 26-29a of the general statutes is repealed and the
2154 following is substituted in lieu thereof (*Effective October 1, 2016*):

2155 No fee shall be charged for any sport fishing license issued under
2156 this chapter to any person with intellectual disability, and such license
2157 shall be a lifetime license not subject to the expiration provisions of
2158 section 26-35. Proof of intellectual disability shall consist of a certificate
2159 to that effect issued by [any person licensed to practice medicine and
2160 surgery in this state] a licensed physician or a licensed advanced
2161 practice registered nurse.

2162 Sec. 59. Section 26-29b of the general statutes is repealed and the
2163 following is substituted in lieu thereof (*Effective October 1, 2016*):

2164 No fee shall be charged for any hunting, sport fishing or trapping
2165 license issued under this chapter to any physically disabled person,
2166 and such license shall be a lifetime license not subject to the expiration
2167 provisions of section 26-35. For the purposes of this section, a
2168 "physically disabled person" is any person whose disability consists of
2169 the loss of one or more limbs or the permanent loss of the use of one or
2170 more limbs. A physically disabled person shall submit to the
2171 commissioner a certification, signed by a licensed physician or a
2172 licensed advanced practice registered nurse, of such disability. No fee
2173 shall be charged for any hunting or sport fishing license issued under

2174 this chapter to any physically disabled person who is not a resident of
2175 this state if such person is a resident of a state in which a physically
2176 disabled person from Connecticut will not be required to pay a fee for
2177 a hunting or sport fishing license, and such license shall be a lifetime
2178 license not subject to the expiration provisions of section 26-35.

2179 Sec. 60. Section 27-140ee of the general statutes is repealed and the
2180 following is substituted in lieu thereof (*Effective October 1, 2016*):

2181 (a) A physician or an advanced practice registered nurse who has
2182 primary responsibility for treating a veteran who believes he may have
2183 been exposed to Vietnam herbicides while serving in the armed forces
2184 of the United States, shall, at the request of the veteran, submit a report
2185 to the Department of Veterans' Affairs. If there is no physician or
2186 advanced practice registered nurse having primary responsibility for
2187 treating the veteran, the hospital treating the veteran shall, at the
2188 request of the veteran, submit the report to the commission. Any
2189 report of a physician, an advanced practice registered nurse or a
2190 hospital shall include: (1) Any symptoms of exposure to a Vietnam
2191 herbicide; (2) diagnosis of the veteran; and (3) methods of treatment
2192 prescribed.

2193 (b) The identity of a veteran about whom a report has been made
2194 under this section may not be disclosed unless the veteran consents to
2195 the disclosure. Any statistical information collected under this part
2196 shall be public information.

2197 (c) Any physician, advanced practice registered nurse or hospital
2198 subject to this section who complies with the provisions of this section
2199 may not be held civilly or criminally liable for providing the
2200 information required by this section.

2201 Sec. 61. Section 29-143t of the general statutes is repealed and the
2202 following is substituted in lieu thereof (*Effective October 1, 2016*):

2203 (a) No person shall engage in any boxing match as a boxer or in any

2204 mixed martial arts match as a competitor until such person has been
2205 examined and found to be physically fit by a competent physician or
2206 advanced practice registered nurse approved by the commissioner,
2207 licensed to practice under the laws of this state and in practice in this
2208 state for at least two years. Such physician or advanced practice
2209 registered nurse shall be appointed by the commissioner and shall be
2210 in attendance throughout the boxing or mixed martial arts match for
2211 which such examination was made. Such physician or advanced
2212 practice registered nurse shall certify, in writing, that the boxer or
2213 competitor is physically fit to engage in such boxing or mixed martial
2214 arts match. Any fee for such physician or advanced practice registered
2215 nurse, as determined by the commissioner, shall be paid by the person
2216 or club, corporation or association conducting such boxing or mixed
2217 martial arts match.

2218 (b) The cost of any physical examination required by this chapter or
2219 regulations adopted under this chapter, other than an examination
2220 required by subsection (a) of this section, may be assessed by the
2221 commissioner on any boxer or competitor examined by a physician or
2222 advanced practice registered nurse appointed by the commissioner or
2223 on the person, club, corporation or association conducting the next
2224 boxing or mixed martial arts match in which the boxer or competitor is
2225 scheduled to compete.

2226 Sec. 62. Section 31-40a of the general statutes is repealed and the
2227 following is substituted in lieu thereof (*Effective October 1, 2016*):

2228 Each physician or advanced practice registered nurse having
2229 knowledge of any person whom he or she believes to be suffering from
2230 poisoning from lead, phosphorus, arsenic, brass, wood alcohol or
2231 mercury or their compounds, or from anthrax or from compressed-air
2232 illness or any other disease, contracted as a result of the nature of the
2233 employment of such person, shall, within forty-eight hours, mail to the
2234 Labor Department, Department of Factory Inspection, as provided in
2235 section 31-9, a report stating the name, address and occupation of such

2236 patient, the name, address and business of his or her employer, the
2237 nature of the disease and such other information as may reasonably be
2238 required by said department. The department shall prepare and
2239 furnish to the physicians and advanced practice registered nurses of
2240 this state suitable blanks for the reports herein required. No report
2241 made pursuant to the provisions of this section shall be admissible as
2242 evidence of the facts therein stated in any action at law or in any action
2243 under the Workers' Compensation Act against any employer of such
2244 diseased person. Any physician or advanced practice registered nurse
2245 who fails to send any report herein required or who fails to send the
2246 same within the time specified herein shall be liable to the state for a
2247 penalty of not more than ten dollars, recoverable by civil action in the
2248 name of the state by said department. The Labor Department,
2249 Department of Factory Inspection, as provided in section 31-9, is
2250 authorized to investigate and make recommendations for the
2251 elimination or prevention of occupational diseases reported to it in
2252 accordance with the provisions of this section. Said department is also
2253 authorized to study and provide advice in regard to conditions
2254 suspected of causing occupational diseases, provided information
2255 obtained upon investigations made in accordance with the provisions
2256 of this section shall not be admissible as evidence in any action at law
2257 to recover damages for personal injury or in any action under the
2258 Workers' Compensation Act.

2259 Sec. 63. Section 38a-489 of the 2016 supplement to the general
2260 statutes is repealed and the following is substituted in lieu thereof
2261 (*Effective October 1, 2016*):

2262 (a) Each individual health insurance policy providing coverage of
2263 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of
2264 section 38a-469, delivered, issued for delivery, renewed, amended or
2265 continued in this state more than one hundred twenty days after July
2266 1, 1971, that provides that coverage of a dependent child shall
2267 terminate upon attainment of the limiting age for dependent children
2268 specified in the policy shall also provide in substance that attainment

2269 of the limiting age shall not operate to terminate the coverage of the
2270 child if at such date the child is and continues thereafter to be both (1)
2271 incapable of self-sustaining employment by reason of mental or
2272 physical handicap, as certified by the child's physician or advanced
2273 practice registered nurse on a form provided by the insurer, hospital
2274 service corporation, medical service corporation or health care center,
2275 and (2) chiefly dependent upon the policyholder or subscriber for
2276 support and maintenance.

2277 (b) Proof of the incapacity and dependency shall be furnished to the
2278 insurer, hospital service corporation, medical service corporation or
2279 health care center by the policyholder or subscriber within thirty-one
2280 days of the child's attainment of the limiting age. The insurer,
2281 corporation or health care center may at any time require proof of the
2282 child's continuing incapacity and dependency. After a period of two
2283 years has elapsed following the child's attainment of the limiting age
2284 the insurer, corporation or health care center may require periodic
2285 proof of the child's continuing incapacity and dependency but in no
2286 case more frequently than once every year.

2287 Sec. 64. Section 38a-492m of the general statutes is repealed and the
2288 following is substituted in lieu thereof (*Effective October 1, 2016*):

2289 Each individual health insurance policy providing coverage of the
2290 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
2291 469 delivered, issued for delivery, amended, renewed or continued in
2292 this state on or after January 1, 2010, that provides coverage for
2293 prescription eye drops, shall not deny coverage for a renewal of
2294 prescription eye drops when (1) the renewal is requested by the
2295 insured less than thirty days from the later of (A) the date the original
2296 prescription was distributed to the insured, or (B) the date the last
2297 renewal of such prescription was distributed to the insured, and (2) the
2298 prescribing physician or advanced practice registered nurse indicates
2299 on the original prescription that additional quantities are needed and
2300 the renewal requested by the insured does not exceed the number of

2301 additional quantities needed.

2302 Sec. 65. Section 38a-493 of the general statutes is repealed and the
2303 following is substituted in lieu thereof (*Effective October 1, 2016*):

2304 (a) Each individual health insurance policy providing coverage of
2305 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of
2306 section 38a-469 delivered, issued for delivery, renewed, amended or
2307 continued in this state shall provide coverage providing
2308 reimbursement for home health care to residents in this state.

2309 (b) For the purposes of this section, "hospital" means an institution
2310 [which] that is primarily engaged in providing, by or under the
2311 supervision of physicians, to inpatients (1) diagnostic, surgical and
2312 therapeutic services for medical diagnosis, treatment and care of
2313 injured, disabled or sick persons, or (2) medical rehabilitation services
2314 for the rehabilitation of injured, disabled or sick persons, provided
2315 "hospital" shall not include a residential care home, nursing home, rest
2316 home or alcohol or drug treatment facility, as defined in section 19a-
2317 490. For the purposes of this section and section 38a-494, "home health
2318 care" means the continued care and treatment of a covered person who
2319 is under the care of a physician or an advanced practice registered
2320 nurse but only if (A) continued hospitalization would otherwise have
2321 been required if home health care was not provided, except in the case
2322 of a covered person diagnosed by a physician or an advanced practice
2323 registered nurse as terminally ill with a prognosis of six months or less
2324 to live, and (B) the plan covering the home health care is established
2325 and approved in writing by such physician or advanced practice
2326 registered nurse within seven days following termination of a hospital
2327 confinement as a resident inpatient for the same or a related condition
2328 for which the covered person was hospitalized, except that in the case
2329 of a covered person diagnosed by a physician or an advanced practice
2330 registered nurse as terminally ill with a prognosis of six months or less
2331 to live, such plan may be so established and approved at any time
2332 irrespective of whether such covered person was so confined or, if

2333 such covered person was so confined, irrespective of such seven-day
2334 period, and (C) such home health care is commenced within seven
2335 days following discharge, except in the case of a covered person
2336 diagnosed by a physician or an advanced practice registered nurse as
2337 terminally ill with a prognosis of six months or less to live.

2338 (c) Home health care shall be provided by a home health agency.
2339 The term "home health agency" means an agency or organization
2340 which meets each of the following requirements: (1) It is primarily
2341 engaged in and is federally certified as a home health agency and duly
2342 licensed, if such licensing is required, by the appropriate licensing
2343 authority, to provide nursing and other therapeutic services, (2) its
2344 policies are established by a professional group associated with such
2345 agency or organization, including at least one physician or advanced
2346 practice registered nurse and at least one registered nurse, to govern
2347 the services provided, (3) it provides for full-time supervision of such
2348 services by a physician, an advanced practice registered nurse or [by] a
2349 registered nurse, (4) it maintains a complete medical record on each
2350 patient, and (5) it has an administrator.

2351 (d) Home health care shall consist of, but shall not be limited to, the
2352 following: (1) Part-time or intermittent nursing care by a registered
2353 nurse or by a licensed practical nurse under the supervision of a
2354 registered nurse, if the services of a registered nurse are not available;
2355 (2) part-time or intermittent home health aide services, consisting
2356 primarily of patient care of a medical or therapeutic nature by other
2357 than a registered or licensed practical nurse; (3) physical, occupational
2358 or speech therapy; (4) medical supplies, drugs and medicines
2359 prescribed by a physician, advanced practice registered nurse or
2360 physician assistant and laboratory services to the extent such charges
2361 would have been covered under the policy or contract if the covered
2362 person had remained or had been confined in the hospital; (5) medical
2363 social services, as hereinafter defined, provided to or for the benefit of
2364 a covered person diagnosed by a physician or an advanced practice
2365 registered nurse as terminally ill with a prognosis of six months or less

2366 to live. Medical social services are defined to mean services rendered,
2367 under the direction of a physician or an advanced practice registered
2368 nurse by a qualified social worker holding a master's degree from an
2369 accredited school of social work, including but not limited to (A)
2370 assessment of the social, psychological and family problems related to
2371 or arising out of such covered person's illness and treatment; (B)
2372 appropriate action and utilization of community resources to assist in
2373 resolving such problems; (C) participation in the development of the
2374 overall plan of treatment for such covered person.

2375 (e) The policy may contain a limitation on the number of home
2376 health care visits for which benefits are payable, but the number of
2377 such visits shall not be less than eighty in any calendar year or in any
2378 continuous period of twelve months for each person covered under a
2379 policy or contract, except in the case of a covered person diagnosed by
2380 a physician or an advanced practice registered nurse as terminally ill
2381 with a prognosis of six months or less to live, the yearly benefit for
2382 medical social services shall not exceed two hundred dollars. Each visit
2383 by a representative of a home health agency shall be considered as one
2384 home health care visit; four hours of home health aide service shall be
2385 considered as one home health care visit.

2386 (f) Home health care benefits may be subject to an annual deductible
2387 of not more than fifty dollars for each person covered under a policy
2388 and may be subject to a coinsurance provision which provides for
2389 coverage of not less than seventy-five per cent of the reasonable
2390 charges for such services. Such policy may also contain reasonable
2391 limitations and exclusions applicable to home health care coverage. A
2392 "high deductible health plan", as defined in Section 220(c)(2) or Section
2393 223(c)(2) of the Internal Revenue Code of 1986, or any subsequent
2394 corresponding internal revenue code of the United States, as from time
2395 to time amended, used to establish a "medical savings account" or
2396 "Archer MSA" pursuant to Section 220 of said Internal Revenue Code
2397 or a "health savings account" pursuant to Section 223 of said Internal
2398 Revenue Code shall not be subject to the deductible limits set forth in

2399 this subsection.

2400 (g) No policy, except any major medical expense policy as described
2401 in subsection (j), shall be required to provide home health care
2402 coverage to persons eligible for Medicare.

2403 (h) No insurer, hospital service corporation or health care center
2404 shall be required to provide benefits beyond the maximum amount
2405 limits contained in its policy.

2406 (i) If a person is eligible for home health care coverage under more
2407 than one policy, the home health care benefits shall only be provided
2408 by that policy which would have provided the greatest benefits for
2409 hospitalization if the person had remained or had been hospitalized.

2410 (j) Each individual major medical expense policy delivered, issued
2411 for delivery, renewed, amended or continued in this state shall provide
2412 coverage in accordance with the provisions of this section for home
2413 health care to residents in this state whose benefits are no longer
2414 provided under Medicare or any applicable individual health
2415 insurance policy.

2416 Sec. 66. Section 38a-495 of the general statutes is repealed and the
2417 following is substituted in lieu thereof (*Effective October 1, 2016*):

2418 (a) As used in this section, "Medicare" means the Health Insurance
2419 for the Aged Act, Title XVIII of the Social Security Amendments of
2420 1965, as amended (Title I, Part I of P.L. 89-97); "Medicare supplement
2421 policy" means any individual health insurance policy delivered or
2422 issued for delivery to any resident of the state who is eligible for
2423 Medicare, except any long-term care policy as defined in section 38a-
2424 501.

2425 (b) No insurance company, fraternal benefit society, hospital service
2426 corporation, medical service corporation or health care center may
2427 deliver or issue for delivery any Medicare supplement policy which

2428 has an anticipated loss ratio of less than sixty-five per cent for any
2429 individual Medicare supplement policy defined in Section 1882(g) of
2430 Title XVIII of the Social Security Act, 42 USC 1395ss(g), as amended.
2431 No such company, society or corporation may deliver or issue for
2432 delivery any Medicare supplement policy without providing, at the
2433 time of solicitation or application for the purchase or sale of such
2434 coverage, full and fair disclosure of any coverage supplementing or
2435 duplicating Medicare benefits.

2436 (c) Each Medicare supplement policy shall provide coverage for
2437 home health aide services for each individual covered under the policy
2438 when such services are not paid for by Medicare, provided (1) such
2439 services are provided by a certified home health aide employed by a
2440 home health care agency licensed pursuant to sections 19a-490 to 19a-
2441 503, inclusive, and (2) the individual's physician or advanced practice
2442 registered nurse has certified, in writing, that such services are
2443 medically necessary. The policy shall not be required to provide
2444 benefits in excess of five hundred dollars per year for such services. No
2445 deductible or coinsurance provisions may be applicable to such
2446 benefits. If two or more Medicare supplement policies are issued to the
2447 same individual by the same insurer, such coverage for home health
2448 aide services shall be included in only one such policy.
2449 Notwithstanding the provisions of subsection (g) of this section, the
2450 provisions of this subsection shall apply with respect to any Medicare
2451 supplement policy delivered, issued for delivery, continued or
2452 renewed in this state on or after October 1, 1986.

2453 (d) Whenever a Medicare supplement policy provides coverage for
2454 the cost of prescription drugs prescribed after the hospitalization of the
2455 insured, outpatient surgical procedures performed on the insured in
2456 any licensed hospital shall constitute "hospitalization" for purposes of
2457 such prescription drug coverage in such policy.

2458 (e) Notwithstanding the provisions of subsection (g) of this section,
2459 each Medicare supplement policy delivered, issued for delivery,

2460 continued or renewed in this state on or after October 1, 1988, shall
2461 provide benefits, to any woman covered under the policy, for
2462 mammographic examinations every year, or more frequently if
2463 recommended by the woman's physician or advanced practice
2464 registered nurse, when such examinations are not paid for by
2465 Medicare.

2466 (f) The Insurance Commissioner shall adopt such regulations as he
2467 deems necessary in accordance with chapter 54 to carry out the
2468 purposes of this section.

2469 (g) The provisions of this section shall apply with respect to any
2470 Medicare supplement policy delivered, issued for delivery, continued
2471 or renewed in this state on or after October 1, 1987, and prior to the
2472 effective date of any regulations adopted pursuant to section 38a-495a.

2473 Sec. 67. Subsection (a) of section 38a-496 of the general statutes is
2474 repealed and the following is substituted in lieu thereof (*Effective*
2475 *October 1, 2016*):

2476 (a) For the purposes of this section:

2477 (1) "Occupational therapy" means services provided by a licensed
2478 occupational therapist in accordance with a plan of care established
2479 and approved in writing by a physician licensed in accordance with
2480 the provisions of chapter 370 or an advanced practice registered nurse
2481 licensed in accordance with the provisions of chapter 378, who has
2482 certified that the prescribed care and treatment are not available from
2483 sources other than a licensed occupational therapist and which are
2484 provided in private practice or in a licensed health care facility. Such
2485 plan shall be reviewed and certified at least every two months by such
2486 physician or advanced practice registered nurse.

2487 (2) "Health care facility" means an institution which provides
2488 occupational therapy, including, but not limited to, an outpatient
2489 clinic, a rehabilitative agency and a skilled or intermediate nursing

2490 facility.

2491 (3) "Rehabilitative agency" means an agency which provides an
2492 integrated multitreatment program designed to upgrade the function
2493 of handicapped disabled individuals by bringing together, as a team,
2494 specialized personnel from various allied health fields.

2495 (4) "Partial hospitalization" means a formal program of care
2496 provided in a hospital or facility for periods of less than twenty-four
2497 hours a day.

2498 Sec. 68. Section 38a-515 of the 2016 supplement to the general
2499 statutes is repealed and the following is substituted in lieu thereof
2500 (*Effective October 1, 2016*):

2501 (a) Each group health insurance policy providing coverage of the
2502 type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section
2503 38a-469 delivered, issued for delivery, renewed, amended or continued
2504 in this state more than one hundred twenty days after July 1, 1971, that
2505 provides that coverage of a dependent child of an employee or other
2506 member of the covered group shall terminate upon attainment of the
2507 limiting age for dependent children specified in the policy shall also
2508 provide in substance that attainment of the limiting age shall not
2509 operate to terminate the coverage of the child if at such date the child
2510 is and continues thereafter to be both (1) incapable of self-sustaining
2511 employment by reason of mental or physical handicap, as certified by
2512 the child's physician or advanced practice registered nurse on a form
2513 provided by the insurer, hospital service corporation, medical service
2514 corporation or health care center, and (2) chiefly dependent upon such
2515 employee or member for support and maintenance.

2516 (b) Proof of the incapacity and dependency shall be furnished to the
2517 insurer, hospital service corporation, medical service corporation or
2518 health care center by the employee or member within thirty-one days
2519 of the child's attainment of the limiting age. The insurer, corporation or
2520 center may at any time require proof of the child's continuing

2521 incapacity and dependency. After a period of two years has elapsed
2522 following the child's attainment of the limiting age the insurer,
2523 corporation or center may require periodic proof of the child's
2524 continuing incapacity and dependency but in no case more frequently
2525 than once every year.

2526 Sec. 69. Section 38a-518l of the general statutes is repealed and the
2527 following is substituted in lieu thereof (*Effective October 1, 2016*):

2528 Each group health insurance policy providing coverage of the type
2529 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
2530 delivered, issued for delivery, amended, renewed or continued in this
2531 state on or after January 1, 2010, that provides coverage for
2532 prescription eye drops, shall not deny coverage for a renewal of
2533 prescription eye drops when (1) the renewal is requested by the
2534 insured less than thirty days from the later of (A) the date the original
2535 prescription was distributed to the insured, or (B) the date the last
2536 renewal of such prescription was distributed to the insured, and (2) the
2537 prescribing physician or advanced practice registered nurse indicates
2538 on the original prescription that additional quantities are needed and
2539 the renewal requested by the insured does not exceed the number of
2540 additional quantities needed.

2541 Sec. 70. Section 38a-520 of the general statutes is repealed and the
2542 following is substituted in lieu thereof (*Effective October 1, 2016*):

2543 (a) Each group health insurance policy providing coverage of the
2544 type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section
2545 38a-469 delivered, issued for delivery, renewed, amended or continued
2546 in this state shall provide coverage providing reimbursement for home
2547 health care to residents in this state.

2548 (b) For the purposes of this section, "hospital" means an institution
2549 which is primarily engaged in providing, by or under the supervision
2550 of physicians, to inpatients (1) diagnostic, surgical and therapeutic
2551 services for medical diagnosis, treatment and care of injured, disabled

2552 or sick persons, or (2) medical rehabilitation services for the
2553 rehabilitation of injured, disabled or sick persons, provided "hospital"
2554 shall not include a residential care home, nursing home, rest home or
2555 alcohol or drug treatment facility, as defined in section 19a-490. For the
2556 purposes of this section and section 38a-494, "home health care" means
2557 the continued care and treatment of a covered person who is under the
2558 care of a physician or an advanced practice registered nurse but only if
2559 (A) continued hospitalization would otherwise have been required if
2560 home health care was not provided, except in the case of a covered
2561 person diagnosed by a physician or an advanced practice registered
2562 nurse as terminally ill with a prognosis of six months or less to live,
2563 and (B) the plan covering the home health care is established and
2564 approved in writing by such physician or advanced practice registered
2565 nurse within seven days following termination of a hospital
2566 confinement as a resident inpatient for the same or a related condition
2567 for which the covered person was hospitalized, except that in the case
2568 of a covered person diagnosed by a physician or an advanced practice
2569 registered nurse as terminally ill with a prognosis of six months or less
2570 to live, such plan may be so established and approved at any time
2571 irrespective of whether such covered person was so confined or, if
2572 such covered person was so confined, irrespective of such seven-day
2573 period, and (C) such home health care is commenced within seven
2574 days following discharge, except in the case of a covered person
2575 diagnosed by a physician or an advanced practice registered nurse as
2576 terminally ill with a prognosis of six months or less to live.

2577 (c) Home health care shall be provided by a home health agency.
2578 The term "home health agency" means an agency or organization
2579 which meets each of the following requirements: (1) It is primarily
2580 engaged in and is federally certified as a home health agency and duly
2581 licensed, if such licensing is required, by the appropriate licensing
2582 authority, to provide nursing and other therapeutic services, (2) its
2583 policies are established by a professional group associated with such
2584 agency or organization, including at least one physician or advanced

2585 practice registered nurse and at least one registered nurse, to govern
2586 the services provided, (3) it provides for full-time supervision of such
2587 services by a physician, an advanced practice registered nurse or [by] a
2588 registered nurse, (4) it maintains a complete medical record on each
2589 patient, and (5) it has an administrator.

2590 (d) Home health care shall consist of, but shall not be limited to, the
2591 following: (1) Part-time or intermittent nursing care by a registered
2592 nurse or by a licensed practical nurse under the supervision of a
2593 registered nurse, if the services of a registered nurse are not available;
2594 (2) part-time or intermittent home health aide services, consisting
2595 primarily of patient care of a medical or therapeutic nature by other
2596 than a registered or licensed practical nurse; (3) physical, occupational
2597 or speech therapy; (4) medical supplies, drugs and medicines
2598 prescribed by a physician, an advanced practice registered nurse or a
2599 physician assistant and laboratory services to the extent such charges
2600 would have been covered under the policy or contract if the covered
2601 person had remained or had been confined in the hospital; (5) medical
2602 social services, as hereinafter defined, provided to or for the benefit of
2603 a covered person diagnosed by a physician or an advanced practice
2604 registered nurse as terminally ill with a prognosis of six months or less
2605 to live. Medical social services are defined to mean services rendered,
2606 under the direction of a physician or an advanced practice registered
2607 nurse by a qualified social worker holding a master's degree from an
2608 accredited school of social work, including but not limited to (A)
2609 assessment of the social, psychological and family problems related to
2610 or arising out of such covered person's illness and treatment; (B)
2611 appropriate action and utilization of community resources to assist in
2612 resolving such problems; (C) participation in the development of the
2613 overall plan of treatment for such covered person.

2614 (e) The policy may contain a limitation on the number of home
2615 health care visits for which benefits are payable, but the number of
2616 such visits shall not be less than eighty in any calendar year or in any
2617 continuous period of twelve months for each person covered under a

2618 policy, except in the case of a covered person diagnosed by a physician
2619 or an advanced practice registered nurse as terminally ill with a
2620 prognosis of six months or less to live, the yearly benefit for medical
2621 social services shall not exceed two hundred dollars. Each visit by a
2622 representative of a home health agency shall be considered as one
2623 home health care visit; four hours of home health aide service shall be
2624 considered as one home health care visit.

2625 (f) Home health care benefits may be subject to an annual deductible
2626 of not more than fifty dollars for each person covered under a policy
2627 and may be subject to a coinsurance provision which provides for
2628 coverage of not less than seventy-five per cent of the reasonable
2629 charges for such services. Such policy may also contain reasonable
2630 limitations and exclusions applicable to home health care coverage. A
2631 "high deductible health plan", as defined in Section 220(c)(2) or Section
2632 223(c)(2) of the Internal Revenue Code of 1986, or any subsequent
2633 corresponding internal revenue code of the United States, as from time
2634 to time amended, used to establish a "medical savings account" or
2635 "Archer MSA" pursuant to Section 220 of said Internal Revenue Code
2636 or a "health savings account" pursuant to Section 223 of said Internal
2637 Revenue Code shall not be subject to the deductible limits set forth in
2638 this subsection.

2639 (g) No policy, except any major medical expense policy as described
2640 in subsection (j), shall be required to provide home health care
2641 coverage to persons eligible for Medicare.

2642 (h) No insurer, hospital service corporation or health care center
2643 shall be required to provide benefits beyond the maximum amount
2644 limits contained in its policy.

2645 (i) If a person is eligible for home health care coverage under more
2646 than one policy, the home health care benefits shall only be provided
2647 by that policy which would have provided the greatest benefits for
2648 hospitalization if the person had remained or had been hospitalized.

2649 (j) Each major medical expense policy delivered, issued for delivery,
2650 renewed, amended or continued in this state shall provide coverage in
2651 accordance with the provisions of this section for home health care to
2652 residents in this state whose benefits are no longer provided under
2653 Medicare or any applicable individual or group health insurance
2654 policy.

2655 Sec. 71. Section 38a-522 of the general statutes is repealed and the
2656 following is substituted in lieu thereof (*Effective October 1, 2016*):

2657 (a) As used in this section, "Medicare" means the Health Insurance
2658 for the Aged Act, Title XVIII of the Social Security Amendments of
2659 1965, as amended (Title I, Part I of P.L. 89-97); "Medicare supplement
2660 policy" means any group health insurance policy or certificate
2661 delivered or issued for delivery to any resident of the state who is
2662 eligible for Medicare, except any long-term care policy as defined in
2663 section 38a-528.

2664 (b) No insurance company, fraternal benefit society, hospital service
2665 corporation, medical service corporation or health care center may
2666 deliver or issue for delivery any Medicare supplement policy which
2667 has an anticipated loss ratio of less than seventy per cent for any group
2668 Medicare supplement policy except that a minimum anticipated loss
2669 ratio of seventy-five per cent shall be required for any group Medicare
2670 supplement policy defined in Section 1882(g) of Title XVIII of the
2671 Social Security Act, 42 USC 1395ss(g), as amended. No such company,
2672 society, corporation or center may deliver or issue for delivery any
2673 Medicare supplement policy without providing, at the time of
2674 solicitation or application for the purchase or sale of such coverage,
2675 full and fair disclosure of any coverage supplementing or duplicating
2676 Medicare benefits.

2677 (c) Each Medicare supplement policy shall provide coverage for
2678 home health aide services for each individual covered under the policy
2679 when such services are not paid for by Medicare, provided (1) such

2680 services are provided by a certified home health aide employed by a
2681 home health care agency licensed pursuant to sections 19a-490 to 19a-
2682 503, inclusive, and (2) the individual's physician or advanced practice
2683 registered nurse has certified, in writing, that such services are
2684 medically necessary. The policy shall not be required to provide
2685 benefits in excess of five hundred dollars per year for such services. No
2686 deductible or coinsurance provisions may be applicable to such
2687 benefits. If two or more Medicare supplement policies are issued to the
2688 same individual by the same insurer, such coverage for home health
2689 aide services shall be included in only one such policy.
2690 Notwithstanding the provisions of subsection (g) of this section, the
2691 provisions of this subsection shall apply with respect to any Medicare
2692 supplement policy delivered, issued for delivery, continued or
2693 renewed in this state on or after October 1, 1986.

2694 (d) Whenever a Medicare supplement policy provides coverage for
2695 the cost of prescription drugs prescribed after the hospitalization of the
2696 insured, outpatient surgical procedures performed on the insured in
2697 any licensed hospital shall constitute "hospitalization" for purposes of
2698 such prescription drug coverage in such policy.

2699 (e) Notwithstanding the provisions of subsection (g) of this section,
2700 each Medicare supplement policy delivered, issued for delivery,
2701 continued or renewed in this state on or after October 1, 1988, shall
2702 provide benefits, to any woman covered under the policy, for
2703 mammographic examinations every year, or more frequently if
2704 recommended by the woman's physician or advanced practice
2705 registered nurse, when such examinations are not paid for by
2706 Medicare.

2707 (f) The Insurance Commissioner shall adopt such regulations as he
2708 deems necessary in accordance with chapter 54 to carry out the
2709 purposes of this section.

2710 (g) The provisions of this section shall apply with respect to any

2711 Medicare supplement policy delivered, issued for delivery, continued
2712 or renewed in this state on or after October 1, 1987, and prior to the
2713 effective date of any regulations adopted pursuant to section 38a-495a.

2714 Sec. 72. Subsection (a) of section 38a-523 of the 2016 supplement to
2715 the general statutes is repealed and the following is substituted in lieu
2716 thereof (*Effective October 1, 2016*):

2717 (a) For the purposes of this section:

2718 (1) "Comprehensive rehabilitation services" shall consist of the
2719 following when provided in a comprehensive rehabilitation facility
2720 pursuant to a plan of care approved in writing by a physician licensed
2721 in accordance with the provisions of chapter 370 or an advanced
2722 practice registered nurse licensed in accordance with the provisions of
2723 chapter 378 and reviewed by such physician or advanced practice
2724 registered nurse at least every thirty days to determine that
2725 continuation of such services are medically necessary for the
2726 rehabilitation of the patient: (A) Physician services, physical and
2727 occupational therapy, nursing care, psychological and audiological
2728 services and speech therapy provided by health care professionals who
2729 are licensed by the appropriate state licensing authority to perform
2730 such services; (B) social services by a social worker holding a master's
2731 degree from an accredited school of social work; (C) respiratory
2732 therapy by a certified respiratory therapist; (D) prescription drugs and
2733 medicines which cannot be self-administered; (E) prosthetic and
2734 orthotic devices, including the testing, fitting or instruction in the use
2735 of such devices; (F) other supplies or services prescribed by a physician
2736 or an advanced practice registered nurse for the rehabilitation of a
2737 patient and ordinarily furnished by a comprehensive rehabilitation
2738 facility.

2739 (2) "Comprehensive rehabilitation facility" means a facility which is:
2740 (A) Primarily engaged in providing diagnostic, therapeutic and
2741 restorative services through such licensed health care professionals to

2742 injured, ill or disabled individuals solely on an outpatient basis and (B)
2743 accredited for the provision of such services by the Commission on
2744 Accreditation for Rehabilitation Facilities or the Professional Services
2745 Board of the American Speech-Language Hearing Association.

2746 Sec. 73. Subsection (a) of section 38a-524 of the general statutes is
2747 repealed and the following is substituted in lieu thereof (*Effective*
2748 *October 1, 2016*):

2749 (a) For the purposes of this section:

2750 (1) "Occupational therapy" means services provided by a licensed
2751 occupational therapist in accordance with a plan of care established
2752 and approved in writing by a physician licensed in accordance with
2753 the provisions of chapter 370 or an advanced practice registered nurse
2754 licensed in accordance with the provisions of chapter 378, who has
2755 certified that the prescribed care and treatment are not available from
2756 sources other than a licensed occupational therapist and which are
2757 provided in private practice or in a licensed health care facility. Such
2758 plan shall be reviewed and certified at least every two months by such
2759 physician or advanced practice registered nurse.

2760 (2) "Health care facility" means an institution which provides
2761 occupational therapy, including, but not limited to, an outpatient
2762 clinic, a rehabilitative agency and a skilled or intermediate nursing
2763 facility.

2764 (3) "Rehabilitative agency" means an agency which provides an
2765 integrated multitreatment program designed to upgrade the function
2766 of handicapped disabled individuals by bringing together, as a team,
2767 specialized personnel from various allied health fields.

2768 (4) "Partial hospitalization" means a formal program of care
2769 provided in a hospital or facility for periods of less than twenty-four
2770 hours a day.

2771 Sec. 74. Subsection (b) of section 42-282 of the general statutes is
2772 repealed and the following is substituted in lieu thereof (*Effective*
2773 *October 1, 2016*):

2774 (b) Each diet program contract shall provide the consumer with (1)
2775 the right to cancel such contract, without liability, within three
2776 business days after the date of receipt by the consumer of a copy of the
2777 signed contract; (2) the estimated duration of the diet program
2778 necessary to achieve the desired weight loss and all estimated costs of
2779 the contract, including, but not limited to, the contract price and the
2780 estimated monthly cost of any goods or services required to be
2781 purchased under the contract; (3) a list of dietitian-nutritionists,
2782 advanced practice registered nurses, registered nurses, physicians or
2783 physician assistants employed by or under contract with the diet
2784 company who are licensed or certified by the Commissioner of Public
2785 Health and who monitor the consumer during the diet program; and
2786 (4) the right to cancel the contract if (A) the consumer provides a letter
2787 from a licensed physician or a licensed advanced practice registered
2788 nurse indicating that continuation of the diet program is adverse to the
2789 health of the consumer or (B) the consumer relocates his residence
2790 further than twenty-five miles from any facility which the consumer is
2791 required to attend under the diet program. If a diet program contract is
2792 cancelled by the consumer pursuant to subdivision (4) of this
2793 subsection, the consumer shall be reimbursed on a pro-rata basis for
2794 the portion of the contract price paid by the consumer that is
2795 attributable to the unused contract period.

2796 Sec. 75. Section 45a-773 of the general statutes is repealed and the
2797 following is substituted in lieu thereof (*Effective October 1, 2016*):

2798 (a) Whenever a child is born who was conceived by the use of
2799 A.I.D., a copy of the request and consent required under subsection (b)
2800 of section 45a-772, together with a statement of the physician or
2801 advanced practice registered nurse who performed the A.I.D., that to
2802 the best of his or her knowledge the child was conceived by the use of

2803 A.I.D., shall be filed with the judge of probate in the district in which
2804 the child was born or in which the child resides.

2805 (b) The information contained in such statement may be disclosed
2806 only to the persons executing the consent. No other person shall have
2807 access to the information except upon order of the Probate Court for
2808 cause shown.

2809 Sec. 76. Subsection (i) of section 47-88b of the general statutes is
2810 repealed and the following is substituted in lieu thereof (*Effective*
2811 *October 1, 2016*):

2812 (i) After the conversion of a dwelling unit in a building to
2813 condominium ownership, the declarant or unit owner, for the purpose
2814 of determining if a lessee's eviction is prohibited under subsection (b)
2815 of section 47a-23c, may ask any lessee to provide proof of the age,
2816 blindness or physical disability of such lessee or any person residing
2817 with him, or of the familial relationship existing between such lessee
2818 and any person residing with him. The lessee shall provide such proof,
2819 including a statement of a physician or an advanced practice registered
2820 nurse in the case of alleged blindness or physical disability, within
2821 thirty days.

2822 Sec. 77. Subsection (d) of section 47a-23c of the general statutes is
2823 repealed and the following is substituted in lieu thereof (*Effective*
2824 *October 1, 2016*):

2825 (d) A landlord, to determine whether a tenant is a protected tenant,
2826 may request proof of such protected status. On such request, any
2827 tenant claiming protection shall provide proof of the protected status
2828 within thirty days. The proof shall include a statement of a physician
2829 or an advanced practice registered nurse in the case of alleged
2830 blindness or other physical disability.

2831 Sec. 78. Subsection (c) of section 51-217 of the 2016 supplement to
2832 the general statutes is repealed and the following is substituted in lieu

2833 thereof (*Effective October 1, 2016*):

2834 (c) The Jury Administrator shall have the authority to establish and
2835 maintain a list of persons to be excluded from the summoning process,
2836 which shall consist of (1) persons who are disqualified from serving on
2837 jury duty on a permanent basis due to a disability for which a licensed
2838 physician or an advanced practice registered nurse has submitted a
2839 letter stating the physician's or advanced practice registered nurse's
2840 opinion that such disability permanently prevents the person from
2841 rendering satisfactory jury service, (2) persons seventy years of age or
2842 older who have requested not to be summoned, (3) elected officials
2843 enumerated in subdivision (4) of subsection (a) of this section and
2844 judges enumerated in subdivision (5) of subsection (a) of this section
2845 during their term of office, and (4) persons excused from jury service
2846 pursuant to section 51-217a who have not requested to be summoned
2847 for jury service pursuant to said section. Persons requesting to be
2848 excluded pursuant to subdivisions (1) and (2) of this subsection must
2849 provide the Jury Administrator with their names, addresses, dates of
2850 birth and federal Social Security numbers for use in matching. The
2851 request to be excluded may be rescinded at any time with written
2852 notice to the Jury Administrator.

2853 Sec. 79. Section 54-204 of the general statutes is repealed and the
2854 following is substituted in lieu thereof (*Effective October 1, 2016*):

2855 (a) Any person who may be eligible for compensation or restitution
2856 services, or both, pursuant to sections 54-201 to 54-233, inclusive, may
2857 make application therefor to the Office of Victim Services. If the person
2858 entitled to make application is a minor or incompetent person, the
2859 application may be made on such person's behalf by a parent,
2860 guardian or other legal representative of the minor or incompetent
2861 person.

2862 (b) In order to be eligible for compensation or restitution services
2863 under sections 54-201 to 54-233, inclusive, the applicant shall prior to a

2864 determination on any application made pursuant to sections 54-201 to
 2865 54-233, inclusive, submit reports if reasonably available from all
 2866 physicians or surgeons or advanced practice registered nurses who
 2867 have treated or examined the victim in relation to the injury for which
 2868 compensation is claimed at the time of or subsequent to the victim's
 2869 injury or death. If in the opinion of the Office of Victim Services or, on
 2870 review, a victim compensation commissioner, reports on the previous
 2871 medical history of the victim, examination of the injured victim and a
 2872 report thereon or a report on the cause of death of the victim by an
 2873 impartial medical expert would be of material aid to its just
 2874 determination, said office or commissioner shall order such reports
 2875 and examinations. Any information received which is confidential in
 2876 accordance with any provision of the general statutes shall remain
 2877 confidential while in the custody of the Office of Victim Services or a
 2878 victim compensation commissioner.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2016</i>	1-350h(c)
Sec. 2	<i>October 1, 2016</i>	1-350i(b)
Sec. 3	<i>October 1, 2016</i>	3-39j
Sec. 4	<i>October 1, 2016</i>	3-123aa(b)
Sec. 5	<i>October 1, 2016</i>	5-248a(c) and (d)
Sec. 6	<i>October 1, 2016</i>	10-183b(16)
Sec. 7	<i>October 1, 2016</i>	10-212a(e) and (f)
Sec. 8	<i>October 1, 2016</i>	10-220j
Sec. 9	<i>October 1, 2016</i>	10-305
Sec. 10	<i>October 1, 2016</i>	14-44(b)
Sec. 11	<i>October 1, 2016</i>	14-73(b)
Sec. 12	<i>October 1, 2016</i>	14-100a(c)(2)
Sec. 13	<i>October 1, 2016</i>	14-286(c)
Sec. 14	<i>October 1, 2016</i>	14-314c
Sec. 15	<i>October 1, 2016</i>	17b-261p(f)
Sec. 16	<i>October 1, 2016</i>	18-94
Sec. 17	<i>October 1, 2016</i>	19a-12e(h)
Sec. 18	<i>October 1, 2016</i>	19a-197a

Sec. 19	<i>October 1, 2016</i>	19a-262
Sec. 20	<i>October 1, 2016</i>	19a-535
Sec. 21	<i>October 1, 2016</i>	19a-550
Sec. 22	<i>October 1, 2016</i>	19a-579
Sec. 23	<i>October 1, 2016</i>	19a-580d
Sec. 24	<i>October 1, 2016</i>	19a-582(d)
Sec. 25	<i>October 1, 2016</i>	19a-592
Sec. 26	<i>October 1, 2016</i>	20-7h
Sec. 27	<i>October 1, 2016</i>	20-13e(b)
Sec. 28	<i>October 1, 2016</i>	20-14m
Sec. 29	<i>October 1, 2016</i>	20-87a
Sec. 30	<i>October 1, 2016</i>	20-162n
Sec. 31	<i>October 1, 2016</i>	20-206q
Sec. 32	<i>October 1, 2016</i>	20-206jj
Sec. 33	<i>October 1, 2016</i>	20-41a(e)
Sec. 34	<i>October 1, 2016</i>	20-73b(c)
Sec. 35	<i>October 1, 2016</i>	20-74ff(f)
Sec. 36	<i>October 1, 2016</i>	20-126c(f)
Sec. 37	<i>October 1, 2016</i>	20-126l(i)
Sec. 38	<i>October 1, 2016</i>	20-132a(e)
Sec. 39	<i>October 1, 2016</i>	20-162r(e)
Sec. 40	<i>October 1, 2016</i>	20-191c(d)
Sec. 41	<i>October 1, 2016</i>	20-201a(f)
Sec. 42	<i>October 1, 2016</i>	20-206bb(e)(3)
Sec. 43	<i>October 1, 2016</i>	20-395d(f)
Sec. 44	<i>October 1, 2016</i>	20-402(b)(3)
Sec. 45	<i>October 1, 2016</i>	20-411a(f)
Sec. 46	<i>October 1, 2016</i>	20-631
Sec. 47	<i>October 1, 2016</i>	21a-217
Sec. 48	<i>October 1, 2016</i>	21a-218(a) to (c)
Sec. 49	<i>October 1, 2016</i>	21a-246(a)
Sec. 50	<i>October 1, 2016</i>	21a-253
Sec. 51	<i>October 1, 2016</i>	21a-408
Sec. 52	<i>October 1, 2016</i>	21a-408a(a)
Sec. 53	<i>October 1, 2016</i>	21a-408c
Sec. 54	<i>October 1, 2016</i>	21a-408d
Sec. 55	<i>October 1, 2016</i>	21a-408m(a)
Sec. 56	<i>October 1, 2016</i>	21a-408n
Sec. 57	<i>October 1, 2016</i>	22a-616(b)

Sec. 58	<i>October 1, 2016</i>	26-29a
Sec. 59	<i>October 1, 2016</i>	26-29b
Sec. 60	<i>October 1, 2016</i>	27-140ee
Sec. 61	<i>October 1, 2016</i>	29-143t
Sec. 62	<i>October 1, 2016</i>	31-40a
Sec. 63	<i>October 1, 2016</i>	38a-489
Sec. 64	<i>October 1, 2016</i>	38a-492m
Sec. 65	<i>October 1, 2016</i>	38a-493
Sec. 66	<i>October 1, 2016</i>	38a-495
Sec. 67	<i>October 1, 2016</i>	38a-496(a)
Sec. 68	<i>October 1, 2016</i>	38a-515
Sec. 69	<i>October 1, 2016</i>	38a-518l
Sec. 70	<i>October 1, 2016</i>	38a-520
Sec. 71	<i>October 1, 2016</i>	38a-522
Sec. 72	<i>October 1, 2016</i>	38a-523(a)
Sec. 73	<i>October 1, 2016</i>	38a-524(a)
Sec. 74	<i>October 1, 2016</i>	42-282(b)
Sec. 75	<i>October 1, 2016</i>	45a-773
Sec. 76	<i>October 1, 2016</i>	47-88b(i)
Sec. 77	<i>October 1, 2016</i>	47a-23c(d)
Sec. 78	<i>October 1, 2016</i>	51-217(c)
Sec. 79	<i>October 1, 2016</i>	54-204

Statement of Purpose:

To make changes to the statutes to give advanced practice registered nurses additional authority and responsibilities.

[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.]