



General Assembly

Substitute Bill No. 67

February Session, 2016

* SB00067PH 031716 *

**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 (b) of section 1-350i 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2 the general statutes is repealed and the following is substituted in lieu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 (b) An agent's authority terminates when:

5 (1) The principal revokes the authority;

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

8 (3) The agent dies or resigns;

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

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

15 (i) A judge in a court proceeding;

16 (ii) Two independent physicians, two independent advanced
17 practice registered nurses or one independent physician and one
18 independent advanced practice registered nurse; or

19 (iii) A successor agent, designated in accordance with section 1-350j,
20 if a written opinion of a physician or an advanced practice registered
21 nurse cannot be obtained either due to the refusal of an agent to be
22 examined by a physician or an advanced practice registered nurse or
23 due to an agent's failure to execute an authorization to release medical
24 information; or

25 (B) Within the meaning set forth in subparagraph (B) of subdivision
26 (5) of section 1-350a, by a judge;

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

30 (6) The power of attorney terminates.

31 Sec. 2. Section 3-39j of the 2016 supplement to the general statutes is
32 repealed and the following is substituted in lieu thereof (*Effective*
33 *October 1, 2016*):

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

35 (1) "Achieving a better life experience account" or "ABLE account"
36 means an account established and maintained pursuant to sections 3-
37 39k to 3-39q, inclusive, for the purposes of paying the qualified
38 disability expenses related to the blindness or disability of a
39 designated beneficiary.

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

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

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

48 (5) "Designated beneficiary" means any individual state resident or
49 resident of a contracting state originally designated in the participation
50 agreement who is an eligible individual and is the owner of an ABLE
51 account.

52 (6) "Disability certification" means, with respect to an individual, a
53 certification to the satisfaction of the Secretary of the Treasury of the
54 United States by the individual or the parent or guardian of the
55 individual that (A) certifies that (i) the individual has a medically
56 determinable physical or mental impairment, that results in marked
57 and severe functional limitations, and that can be expected to result in
58 death or that has lasted or can be expected to last for a continuous
59 period of not less than twelve months, or is blind within the meaning
60 of Section 1614(a)(2) of the Social Security Act, and (ii) such
61 impairment or blindness occurred before the date on which the
62 individual attained the age of twenty-six, and (B) includes a copy of
63 the individual's diagnosis relating to the individual's relevant
64 impairment or blindness that is signed by a physician who is licensed
65 pursuant to chapter 370 or an advanced practice registered nurse who
66 is licensed pursuant to chapter 378.

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

73 (8) "Federal ABLE Act" means the federal ABLE Act of 2014, P.L.
74 113-295, as amended from time to time.

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

79 (10) "Qualified disability expenses" means any expenses related to
80 an eligible individual's blindness or disability that are made for the
81 benefit of an eligible individual who is the designated beneficiary,
82 including the following expenses: Education, housing, transportation,
83 employment training and support, assistive technology and personal
84 support services, health, prevention and wellness, financial
85 management and administrative services, legal fees, expenses for
86 oversight and monitoring, funeral and burial expenses, and other
87 expenses that are approved by the Secretary of the Treasury of the
88 United States under regulations adopted by the Secretary pursuant to
89 the federal ABLÉ Act.

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

93 (b) There is established the Connecticut Homecare Option Program
94 for the Elderly, to allow individuals to plan for the cost of services that
95 will allow them to remain in their homes or in a noninstitutional
96 setting as they age. The Comptroller shall establish the Connecticut
97 Home Care Trust Fund, which shall be comprised of individual
98 savings accounts for those qualified home care expenses not covered
99 by a long-term care insurance policy and for those qualified home care
100 expenses that supplement the coverage provided by a long-term care
101 policy or Medicare. Withdrawals from the fund may be used for
102 qualified home care expenses, upon receipt by the fund of a
103 [physician's] certification signed by a licensed physician or a licensed
104 advanced practice registered nurse that the designated beneficiary is in
105 need of services for the instrumental activities of daily living. Upon the
106 death of a designated beneficiary, any available funds in such
107 beneficiary's account shall be an asset of the estate of such beneficiary.

108 Sec. 4. Subsections (c) and (d) of section 5-248a of the 2016
109 supplement to the general statutes are repealed and the following is
110 substituted in lieu thereof (*Effective October 1, 2016*):

111 (c) Any permanent employee who requests a medical leave of
112 absence due to the employee's serious illness or a family leave of
113 absence due to the serious illness of a child, spouse or parent pursuant
114 to subsection (a) of this section or a military caregiver leave of absence
115 pursuant to subsection (g) of this section shall be required by the
116 employee's appointing authority, prior to the inception of such leave,
117 to provide sufficient written certification from the physician or
118 advanced practice registered nurse of such employee, child, spouse,
119 parent or next of kin of the employee, as appropriate, of the nature of
120 such illness and its probable duration. For the purposes of this section,
121 "serious illness" means an illness, injury, impairment or physical or
122 mental condition that involves (1) inpatient care in a hospital, hospice
123 or residential care facility, or (2) continuing treatment or continuing
124 supervision by a health care provider.

125 (d) Any permanent employee who requests a medical leave of
126 absence in order to serve as an organ or bone marrow donor pursuant
127 to subsection (a) of this section shall be required by the employee's
128 appointing authority, prior to the inception of such leave, to provide
129 sufficient written certification from the physician or advanced practice
130 registered nurse of such employee of the proposed organ or bone
131 marrow donation and the probable duration of the employee's
132 recovery period from such donation.

133 Sec. 5. Subdivision (16) of section 10-183b of the general statutes is
134 repealed and the following is substituted in lieu thereof (*Effective*
135 *October 1, 2016*):

136 (16) "Formal application of retirement" means the member's
137 application, birth certificate or notarized statement supported by other
138 evidence satisfactory to the board, in lieu thereof, records of service
139 when required by the board to determine a salary rate or years of

140 creditable service, statement of payment plan and, in the case of an
141 application for a disability benefit, a physician's or an advanced
142 practice registered nurse's statement of health.

143 Sec. 6. Subsections (e) and (f) of section 10-212a of the 2016
144 supplement to the general statutes are repealed and the following is
145 substituted in lieu thereof (*Effective October 1, 2016*):

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

171 (f) (1) (A) With the written authorization of a student's parent or
172 guardian, and (B) pursuant to the written order of a physician licensed

173 under chapter 370 or an advanced practice registered nurse licensed
174 under chapter 378, a school nurse and a school medical advisor, if any,
175 shall select, and a school nurse shall provide general supervision to, a
176 qualified school employee to administer antiepileptic medication,
177 including by rectal syringe, to a specific student with a medically
178 diagnosed epileptic condition that requires prompt treatment in
179 accordance with the student's individual seizure action plan. Such
180 authorization shall be limited to situations when the school nurse is
181 absent or unavailable. No qualified school employee shall administer
182 medication under this subsection unless (i) such qualified school
183 employee annually completes the training program described in
184 subdivision (2) of this subsection, (ii) the school nurse and school
185 medical advisor, if any, have attested, in writing, that such qualified
186 school employee has completed such training, (iii) such qualified
187 school employee receives monthly reviews by the school nurse to
188 confirm such qualified school employee's competency to administer
189 antiepileptic medication under this subsection, and (iv) such qualified
190 school employee voluntarily agrees to serve as a qualified school
191 employee. For purposes of this subsection, "qualified school employee"
192 means a principal, teacher, licensed athletic trainer, licensed physical
193 or occupational therapist employed by a school district, coach or
194 school paraprofessional.

195 (2) The Department of Education, in consultation with the School
196 Nurse Advisory Council, established pursuant to section 10-212f, and
197 the Association of School Nurses of Connecticut, shall develop an
198 antiepileptic medication administrating training program. Such
199 training program shall include instruction in (A) an overview of
200 childhood epilepsy and types of seizure disorders, (B) interpretation of
201 individual student's emergency seizure action plan and recognition of
202 individual student's seizure activity, (C) emergency management
203 procedures for seizure activity, including administration techniques
204 for emergency seizure medication, (D) when to activate emergency
205 medical services and postseizure procedures and follow-up, (E)
206 reporting procedures after a student has required such delegated

207 emergency seizure medication, and (F) any other relevant issues or
208 topics related to emergency interventions for students who experience
209 seizures.

210 Sec. 7. Section 10-220j of the general statutes is repealed and the
211 following is substituted in lieu thereof (*Effective October 1, 2016*):

212 (a) No local or regional board of education may prohibit blood
213 glucose self-testing by children with diabetes who have a written order
214 from a physician or an advanced practice registered nurse stating the
215 need and the capability of such child to conduct self-testing. No local
216 or regional board of education may restrict the time and location of
217 blood glucose self-testing by a child with diabetes on school grounds
218 who has written authorization from a parent or guardian and a written
219 order from a physician or an advanced practice registered nurse
220 stating that such child is capable of conducting self-testing on school
221 grounds.

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

227 Sec. 8. Section 10-305 of the general statutes is repealed and the
228 following is substituted in lieu thereof (*Effective October 1, 2016*):

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

236 Sec. 9. Subsection (b) of section 14-44 of the 2016 supplement to the
237 general statutes is repealed and the following is substituted in lieu

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

239 (b) No operator's license bearing a public passenger endorsement
240 shall be issued or renewed in accordance with the provisions of this
241 section or section 14-36a, until the Commissioner of Motor Vehicles, or
242 the commissioner's authorized representative, is satisfied that the
243 applicant is a proper person to receive such an operator's license
244 bearing an endorsement, holds a valid motor vehicle operator's license,
245 or, if necessary for the class of vehicle operated, a commercial driver's
246 license and is at least eighteen years of age. Each applicant for an
247 operator's license bearing a public passenger endorsement or the
248 renewal of such a license shall furnish the Commissioner of Motor
249 Vehicles, or the commissioner's authorized representative, with
250 satisfactory evidence, under oath, to prove that such person has no
251 criminal record and has not been convicted of a violation of subsection
252 (a) of section 14-227a within five years of the date of application and
253 that no reason exists for a refusal to grant or renew such an operator's
254 license bearing a public passenger endorsement. Each applicant for
255 such an operator's license bearing a public passenger endorsement
256 shall submit with the application proof satisfactory to the
257 Commissioner of Motor Vehicles that such applicant has passed a
258 physical examination administered not more than ninety days prior to
259 the date of application, and which is in compliance with safety
260 regulations established from time to time by the United States
261 Department of Transportation. Each applicant for renewal of such
262 license shall present evidence that such applicant is in compliance with
263 the medical qualifications established in 49 CFR 391, as amended,
264 provided an applicant for a Class D operator's license bearing an
265 endorsement described in subsection (c) of section 14-36a, shall be
266 deemed medically qualified if such applicant (1) controls with
267 medication, as certified by a licensed physician or a licensed advanced
268 practice registered nurse, a medical condition that would otherwise
269 deem such applicant not medically qualified, and (2) would qualify for
270 a waiver or exemption under 49 CFR 391, as amended. Each applicant
271 for such an operator's license bearing a public passenger endorsement

272 shall be fingerprinted before the license bearing a public passenger
273 endorsement is issued.

274 Sec. 10. Subsection (b) of section 14-73 of the general statutes is
275 repealed and the following is substituted in lieu thereof (*Effective*
276 *October 1, 2016*):

277 (b) Application for an instructor's license shall be in writing and
278 shall contain such information as the commissioner requires. Each
279 applicant for a license shall be fingerprinted and shall furnish evidence
280 satisfactory to the commissioner that such applicant (1) is of good
281 moral character considering such person's state and national criminal
282 history records checks conducted in accordance with section 29-17a,
283 and record, if any, on the state child abuse and neglect registry
284 established pursuant to section 17a-101k. If any applicant for a license
285 or the renewal of a license has a criminal record or is listed on the state
286 child abuse and neglect registry, the commissioner shall make a
287 determination of whether to issue or renew an instructor's license in
288 accordance with the standards and procedures set forth in section 14-
289 44, as amended by this act, and the regulations adopted pursuant to
290 said section; (2) has held a license to drive a motor vehicle for the past
291 four consecutive years and has a driving record satisfactory to the
292 commissioner, including no record of a conviction or administrative
293 license suspension for a drug or alcohol-related offense during such
294 four-year period; (3) has had a recent medical examination by a
295 physician or an advanced practice registered nurse licensed to practice
296 within the state and the physician or advanced practice registered
297 nurse certifies that the applicant is physically fit to operate a motor
298 vehicle and instruct in driving; (4) has received a high school diploma
299 or has an equivalent academic education; and (5) has completed an
300 instructor training course of forty-five clock hours given by a school or
301 agency approved by the commissioner, except that any such course
302 given by an institution under the jurisdiction of the board of trustees of
303 the Connecticut State University System shall be approved by the
304 commissioner and the State Board of Education. During the period of

305 licensure, an instructor shall notify the commissioner, within forty-
306 eight hours, of an arrest or conviction for a misdemeanor or felony, or
307 an arrest, conviction or administrative license suspension for a drug or
308 alcohol-related offense.

309 Sec. 11. Subdivision (2) of subsection (c) of section 14-100a of the
310 general statutes is repealed and the following is substituted in lieu
311 thereof (*Effective October 1, 2016*):

312 (2) The provisions of subdivision (1) of this subsection shall not
313 apply to (A) any person whose physical disability or impairment
314 would prevent restraint in such safety belt, provided such person
315 obtains a written statement from a licensed physician or a licensed
316 advanced practice registered nurse containing reasons for such
317 person's inability to wear such safety belt and including information
318 concerning the nature and extent of such condition. Such person shall
319 carry the statement on his or her person or in the motor vehicle at all
320 times when it is being operated, or (B) an authorized emergency
321 vehicle, other than fire fighting apparatus, responding to an
322 emergency call or a motor vehicle operated by a rural letter carrier of
323 the United States postal service while performing his or her official
324 duties or by a person engaged in the delivery of newspapers.

325 Sec. 12. Subsection (c) of section 14-286 of the 2016 supplement to
326 the general statutes is repealed and the following is substituted in lieu
327 thereof (*Effective October 1, 2016*):

328 (c) (1) Notwithstanding the provisions of subsection (b) of this
329 section, the Commissioner of Motor Vehicles may issue to a person
330 who does not hold a valid operator's license a special permit that
331 authorizes such person to ride a motor-driven cycle if (A) such person
332 presents to the commissioner a certificate by a physician licensed to
333 practice medicine in this state or an advanced practice registered nurse
334 licensed pursuant to chapter 378 that such person is physically
335 disabled, as defined in section 1-1f, other than blind, and that, in the
336 physician's or advanced practice registered nurse's opinion, such

337 person is capable of riding a motor-driven cycle, and (B) such person
338 demonstrates to the Commissioner of Motor Vehicles that he is able to
339 ride a bicycle on level terrain, and a motor-driven cycle. (2) Such
340 permit may contain limitations that the commissioner deems advisable
341 for the safety of such person and for the public safety, including, but
342 not limited to, the maximum speed of the motor such person may use.
343 No person who holds a valid special permit under this subsection shall
344 operate a motor-driven cycle in violation of any limitations imposed in
345 the permit. Any person to whom a special permit is issued shall carry
346 the permit at all times while operating the motor-driven cycle. Each
347 permit issued under this subsection shall expire one year from the date
348 of issuance.

349 Sec. 13. Section 14-314c of the general statutes is repealed and the
350 following is substituted in lieu thereof (*Effective October 1, 2016*):

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

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

361 Sec. 14. Subsection (f) of section 17b-261p of the general statutes is
362 repealed and the following is substituted in lieu thereof (*Effective*
363 *October 1, 2016*):

364 (f) (1) A nursing home, on behalf of an applicant, may request an
365 extension of time to claim undue hardship pursuant to subsections (b)
366 and (e) of this section if (A) the applicant is receiving long-term care
367 services in such nursing home, (B) the applicant has no legal

368 representative, and (C) the nursing home provides certification from a
369 physician or an advanced practice registered nurse that the applicant is
370 incapable of caring for himself or herself, as defined in section 45a-644,
371 or incapable of managing his or her affairs, as defined in section 45a-
372 644. The commissioner shall grant such request to allow a legal
373 representative to be appointed to act on behalf of the applicant.

374 (2) The commissioner shall accept any claim filed pursuant to
375 subsection (b) of this section by a nursing home and allow the nursing
376 home to represent the applicant with regard to such claim if the
377 applicant or the legal representative of the applicant gives permission
378 to the nursing home to file a claim pursuant to subsection (b) of this
379 section.

380 Sec. 15. Section 18-94 of the general statutes is repealed and the
381 following is substituted in lieu thereof (*Effective October 1, 2016*):

382 When the medical officer of, or any physician or advanced practice
383 registered nurse employed in, any correctional or charitable institution
384 reports in writing to the warden, superintendent or other officer in
385 charge of such institution that any inmate thereof committed thereto
386 by any court or supported therein in whole or in part at public expense
387 is afflicted with any venereal disease so that his discharge from such
388 institution would be dangerous to the public health, such inmate shall,
389 with the approval of such warden, superintendent or other officer in
390 charge, be detained in such institution until such medical officer, [or]
391 physician or advanced practice registered nurse reports in writing to
392 the warden, superintendent or officer in charge of such institution that
393 such inmate may be discharged therefrom without danger to the
394 public health. During detention the person so detained shall be
395 supported in the same manner as before such detention.

396 Sec. 16. Subsection (h) of section 19a-12e of the 2016 supplement to
397 the general statutes is repealed and the following is substituted in lieu
398 thereof (*Effective October 1, 2016*):

399 (h) As part of an investigation of a petition filed pursuant to this
400 section, the department may order the health care professional to
401 submit to a physical or mental examination to be performed by a
402 physician or an advanced practice registered nurse chosen from a list
403 approved by the department. The department may seek the advice of
404 established medical organizations or licensed health professionals in
405 determining the nature and scope of any diagnostic examinations to be
406 used as part of any such physical or mental examination. The chosen
407 physician or advanced practice registered nurse shall make a written
408 statement of his or her findings.

409 Sec. 17. Section 19a-262 of the general statutes is repealed and the
410 following is substituted in lieu thereof (*Effective October 1, 2016*):

411 Each physician and advanced practice registered nurse shall report
412 in writing the name, age, sex, race, ethnicity, occupation, place where
413 last employed, if known, and address of each person under his or her
414 care known or suspected by such physician or advanced practice
415 registered nurse to have tuberculosis, to the Department of Public
416 Health and the director of health of the town, city or borough in which
417 such person resides, within twenty-four hours after the physician or
418 advanced practice registered nurse knows or suspects the presence of
419 such disease, and the officer in charge of any hospital, dispensary,
420 asylum or other similar institution shall report in like manner
421 concerning each patient having tuberculosis who comes under the care
422 or observation of such officer, within twenty-four hours thereafter. The
423 Commissioner of Public Health and the director of health of each
424 town, city or borough shall keep a record of all such reports received
425 by them, but such records shall not be open to inspection by any
426 person other than the health authorities of the state and of such town,
427 city or borough, and the identity of the person to whom any such
428 report relates shall not be divulged by such health authorities except as
429 may be necessary to carry into effect the provisions of this section,
430 section 19a-263, and section 19a-264. For purposes of this section and
431 said sections a person may be suspected of having tuberculosis if he or

432 she has (1) an acid fast bacilli identified on a smear of his body fluids
433 or tissue, (2) been prescribed at least two antituberculosis drugs, (3) a
434 preliminary diagnosis which includes ruling out active tuberculosis, or
435 (4) signs or symptoms of active tuberculosis.

436 Sec. 18. Section 19a-535 of the general statutes is repealed and the
437 following is substituted in lieu thereof (*Effective October 1, 2016*):

438 (a) For the purposes of this section: (1) "Facility" means an entity
439 certified as a nursing facility under the Medicaid program or an entity
440 certified as a skilled nursing facility under the Medicare program or
441 with respect to facilities that do not participate in the Medicaid or
442 Medicare programs, a chronic and convalescent nursing home or a rest
443 home with nursing supervision as defined in section 19a-521; (2)
444 "continuing care facility which guarantees life care for its residents"
445 has the same meaning as provided in section 17b-354; (3) "transfer"
446 means the movement of a resident from one facility to another facility
447 or institution, including, but not limited to, a hospital emergency
448 department, if the resident is admitted to the facility or institution or is
449 under the care of the facility or institution for more than twenty-four
450 hours; (4) "discharge" means the movement of a resident from a facility
451 to a noninstitutional setting; (5) "self-pay resident" means a resident
452 who is not receiving state or municipal assistance to pay for the cost of
453 care at a facility, but shall not include a resident who has filed an
454 application with the Department of Social Services for Medicaid
455 coverage for facility care but has not received an eligibility
456 determination from the department on such application, provided the
457 resident has timely responded to requests by the department for
458 information that is necessary to make such determination; and (6)
459 "emergency" means a situation in which a failure to effect an
460 immediate transfer or discharge of the resident that would endanger
461 the health, safety or welfare of the resident or other residents.

462 (b) A facility shall not transfer or discharge a resident from the
463 facility except to meet the welfare of the resident which cannot be met
464 in the facility, or unless the resident no longer needs the services of the

465 facility due to improved health, the facility is required to transfer the
466 resident pursuant to section 17b-359 or [section] 17b-360, or the health
467 or safety of individuals in the facility is endangered, or in the case of a
468 self-pay resident, for the resident's nonpayment or arrearage of more
469 than fifteen days of the per diem facility room rate, or the facility
470 ceases to operate. In each case the basis for transfer or discharge shall
471 be documented in the resident's medical record by a physician or an
472 advanced practice registered nurse. In each case where the welfare,
473 health or safety of the resident is concerned the documentation shall be
474 by the resident's physician or the resident's advanced practice
475 registered nurse. A facility [which] that is part of a continuing care
476 facility which guarantees life care for its residents may transfer or
477 discharge (1) a self-pay resident who is a member of the continuing
478 care community and who has intentionally transferred assets in a sum
479 [which] that will render the resident unable to pay the costs of facility
480 care in accordance with the contract between the resident and the
481 facility, or (2) a self-pay resident who is not a member of the
482 continuing care community and who has intentionally transferred
483 assets in a sum [which] that will render the resident unable to pay the
484 costs of a total of forty-two months of facility care from the date of
485 initial admission to the facility.

486 (c) (1) Before effecting any transfer or discharge of a resident from
487 the facility, the facility shall notify, in writing, the resident and the
488 resident's guardian or conservator, if any, or legally liable relative or
489 other responsible party if known, of the proposed transfer or
490 discharge, the reasons therefor, the effective date of the proposed
491 transfer or discharge, the location to which the resident is to be
492 transferred or discharged, the right to appeal the proposed transfer or
493 discharge and the procedures for initiating such an appeal as
494 determined by the Department of Social Services, the date by which an
495 appeal must be initiated in order to preserve the resident's right to an
496 appeal hearing and the date by which an appeal must be initiated in
497 order to stay the proposed transfer or discharge and the possibility of
498 an exception to the date by which an appeal must be initiated in order

499 to stay the proposed transfer or discharge for good cause, that the
500 resident may represent himself or herself or be represented by legal
501 counsel, a relative, a friend or other spokesperson, and information as
502 to bed hold and nursing home readmission policy when required in
503 accordance with section 19a-537. The notice shall also include the
504 name, mailing address and telephone number of the State Long-Term
505 Care Ombudsman. If the resident is, or the facility alleges a resident is,
506 mentally ill or developmentally disabled, the notice shall include the
507 name, mailing address and telephone number of the Office of
508 Protection and Advocacy for Persons with Disabilities. The notice shall
509 be given at least thirty days and no more than sixty days prior to the
510 resident's proposed transfer or discharge, except where the health or
511 safety of individuals in the facility are endangered, or where the
512 resident's health improves sufficiently to allow a more immediate
513 transfer or discharge, or where immediate transfer or discharge is
514 necessitated by urgent medical needs or where a resident has not
515 resided in the facility for thirty days, in which cases notice shall be
516 given as many days before the transfer or discharge as practicable.

517 (2) The resident may initiate an appeal pursuant to this section by
518 submitting a written request to the Commissioner of Social Services
519 not later than sixty calendar days after the facility issues the notice of
520 the proposed transfer or discharge, except as provided in subsection
521 (h) of this section. In order to stay a proposed transfer or discharge, the
522 resident must initiate an appeal not later than twenty days after the
523 date the resident receives the notice of the proposed transfer or
524 discharge from the facility unless the resident demonstrates good
525 cause for failing to initiate such appeal within the twenty-day period.

526 (d) No resident shall be transferred or discharged from any facility
527 as a result of a change in the resident's status from self-pay or
528 Medicare to Medicaid provided the facility offers services to both
529 categories of residents. Any such resident who wishes to be transferred
530 to another facility [which] that has agreed to accept the resident may
531 do so upon giving at least fifteen days written notice to the

532 administrator of the facility from which the resident is to be
533 transferred and a copy thereof to the appropriate advocate of such
534 resident. The resident's advocate may help the resident complete all
535 administrative procedures relating to a transfer.

536 (e) Except in an emergency or in the case of transfer to a hospital, no
537 resident shall be transferred or discharged from a facility unless a
538 discharge plan has been developed by the personal physician or
539 advanced practice registered nurse of the resident or the medical
540 director in conjunction with the nursing director, social worker or
541 other health care provider. To minimize the disruptive effects of the
542 transfer or discharge on the resident, the person responsible for
543 developing the plan shall consider the feasibility of placement near the
544 resident's relatives, the acceptability of the placement to the resident
545 and the resident's guardian or conservator, if any, or the resident's
546 legally liable relative or other responsible party, if known, and any
547 other relevant factors [which] that affect the resident's adjustment to
548 the move. The plan shall contain a written evaluation of the effects of
549 the transfer or discharge on the resident and a statement of the action
550 taken to minimize such effects. In addition, the plan shall outline the
551 care and kinds of services [which] that the resident shall receive upon
552 transfer or discharge. Not less than thirty days prior to an involuntary
553 transfer or discharge, a copy of the discharge plan shall be provided to
554 the resident's personal physician or advanced practice registered nurse
555 if the discharge plan was prepared by the medical director, to the
556 resident and the resident's guardian or conservator, if any, or legally
557 liable relative or other responsible party, if known.

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

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

562 (h) (1) Except in the case of an emergency, as provided in
563 subdivision (4) of this subsection, upon receipt of a request for a

564 hearing to appeal any proposed transfer or discharge, the
565 Commissioner of Social Services or the commissioner's designee shall
566 hold a hearing to determine whether the transfer or discharge is being
567 effected in accordance with this section. A hearing shall be convened
568 not less than ten, but not more than thirty days from the date of receipt
569 of such request and a written decision made by the commissioner or
570 the commissioner's designee not later than thirty days after the date of
571 termination of the hearing or not later than sixty days after the date of
572 the hearing request, whichever occurs sooner. The hearing shall be
573 conducted in accordance with chapter 54. In each case the facility shall
574 prove by a preponderance of the evidence that it has complied with
575 the provisions of this section. Except in the case of an emergency or in
576 circumstances when the resident is not physically present in the
577 facility, whenever the Commissioner of Social Services receives a
578 request for a hearing in response to a notice of proposed transfer or
579 discharge and such notice does not meet the requirements of
580 subsection (c) of this section, the commissioner shall, not later than ten
581 business days after the date of receipt of such notice from the resident
582 or the facility, order the transfer or discharge stayed and return such
583 notice to the facility. Upon receipt of such returned notice, the facility
584 shall issue a revised notice that meets the requirements of subsection
585 (c) of this section.

586 (2) The resident, the resident's guardian, conservator, legally liable
587 relative or other responsible party shall have an opportunity to
588 examine, during regular business hours at least three business days
589 prior to a hearing conducted pursuant to this section, the contents of
590 the resident's file maintained by the facility and all documents and
591 records to be used by the commissioner or the commissioner's
592 designee or the facility at the hearing. The facility shall have an
593 opportunity to examine during regular business hours at least three
594 business days prior to such a hearing, all documents and records to be
595 used by the resident at the hearing.

596 (3) If a hearing conducted pursuant to this section involves medical

597 issues, the commissioner or the commissioner's designee may order an
598 independent medical assessment of the resident at the expense of the
599 Department of Social Services [which] that shall be made part of the
600 hearing record.

601 (4) In an emergency the notice required pursuant to subsection (c) of
602 this section shall be provided as soon as practicable. A resident who is
603 transferred or discharged on an emergency basis or a resident who
604 receives notice of such a transfer or discharge may contest the action
605 by requesting a hearing in writing not later than twenty days after the
606 date of receipt of notice or not later than twenty days after the date of
607 transfer or discharge, whichever is later, unless the resident
608 demonstrates good cause for failing to request a hearing within the
609 twenty-day period. A hearing shall be held in accordance with the
610 requirements of this subsection not later than fifteen business days
611 after the date of receipt of the request. The commissioner, or the
612 commissioner's designee, shall issue a decision not later than thirty
613 days after the date on which the hearing record is closed.

614 (5) Except in the case of a transfer or discharge effected pursuant to
615 subdivision (4) of this subsection, (A) an involuntary transfer or
616 discharge shall be stayed pending a decision by the commissioner or
617 the commissioner's designee, and (B) if the commissioner or the
618 commissioner's designee determines the transfer or discharge is being
619 effected in accordance with this section, the facility may not transfer or
620 discharge the resident prior to fifteen days from the date of receipt of
621 the decision by the resident and the resident's guardian or conservator,
622 if any, or the resident's legally liable relative or other responsible party
623 if known.

624 (6) If the commissioner, or the commissioner's designee, determines
625 after a hearing held in accordance with this section that the facility has
626 transferred or discharged a resident in violation of this section, the
627 commissioner, or the commissioner's designee, may require the facility
628 to readmit the resident to a bed in a semiprivate room or in a private
629 room, if a private room is medically necessary, regardless of whether

630 or not the resident has accepted placement in another facility pending
631 the issuance of a hearing decision or is awaiting the availability of a
632 bed in the facility from which the resident was transferred or
633 discharged.

634 (7) A copy of a decision of the commissioner or the commissioner's
635 designee shall be sent to the facility and to the resident, the resident's
636 guardian, conservator, if any, legally liable relative or other
637 responsible party, if known. The decision shall be deemed to have
638 been received not later than five days after the date it was mailed,
639 unless the facility, the resident or the resident's guardian, conservator,
640 legally liable relative or other responsible party proves otherwise by a
641 preponderance of the evidence. The Superior Court shall consider an
642 appeal from a decision of the Department of Social Services pursuant
643 to this section as a privileged case in order to dispose of the case with
644 the least possible delay.

645 (i) A resident who receives notice from the Department of Social
646 Services or its agent that the resident is no longer in need of the level of
647 care provided by a facility and that, consequently, the resident's
648 coverage for facility care will end, may request a hearing by the
649 Commissioner of Social Services in accordance with the provisions of
650 section 17b-60. If the resident requests a hearing prior to the date that
651 Medicaid coverage for facility care is to end, Medicaid coverage shall
652 continue pending the outcome of the hearing. If the resident receives a
653 notice of denial of Medicaid coverage from the department or its agent
654 and also receives a notice of discharge from the facility pursuant to
655 subsection (c) of this section and the resident requests a hearing to
656 contest each proposed action, the department may schedule one
657 hearing at which the resident may contest both actions.

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

661 (a) (1) As used in this section, (A) "nursing home facility" has the

662 same meaning as provided in section 19a-521, (B) "residential care
663 home" has the same meaning as provided in section 19a-521, and (C)
664 "chronic disease hospital" means a long-term hospital having facilities,
665 medical staff and all necessary personnel for the diagnosis, care and
666 treatment of chronic diseases; and (2) for the purposes of subsections
667 (c) and (d) of this section, and subsection (b) of section 19a-537,
668 "medically contraindicated" means a comprehensive evaluation of the
669 impact of a potential room transfer on the patient's physical, mental
670 and psychosocial well-being, which determines that the transfer would
671 cause new symptoms or exacerbate present symptoms beyond a
672 reasonable adjustment period resulting in a prolonged or significant
673 negative outcome that could not be ameliorated through care plan
674 intervention, as documented by a physician or an advanced practice
675 registered nurse in a patient's medical record.

676 (b) There is established a patients' bill of rights for any person
677 admitted as a patient to any nursing home facility, residential care
678 home or chronic disease hospital. The patients' bill of rights shall be
679 implemented in accordance with the provisions of Sections 1919(b),
680 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security
681 Act. The patients' bill of rights shall provide that each such patient: (1)
682 Is fully informed, as evidenced by the patient's written
683 acknowledgment, prior to or at the time of admission and during the
684 patient's stay, of the rights set forth in this section and of all rules and
685 regulations governing patient conduct and responsibilities; (2) is fully
686 informed, prior to or at the time of admission and during the patient's
687 stay, of services available in such facility or chronic disease hospital,
688 and of related charges including any charges for services not covered
689 under Titles XVIII or XIX of the Social Security Act, or not covered by
690 basic per diem rate; (3) in such facility or hospital is entitled to choose
691 the patient's own physician or advanced practice registered nurse and
692 is fully informed, by a physician or an advanced practice registered
693 nurse, of the patient's medical condition unless medically
694 contraindicated, as documented by the physician or advanced practice
695 registered nurse in the patient's medical record, and is afforded the

696 opportunity to participate in the planning of the patient's medical
697 treatment and to refuse to participate in experimental research; (4) in a
698 residential care home or a chronic disease hospital is transferred from
699 one room to another within such home or chronic disease hospital only
700 for medical reasons, or for the patient's welfare or that of other
701 patients, as documented in the patient's medical record and such
702 record shall include documentation of action taken to minimize any
703 disruptive effects of such transfer, except a patient who is a Medicaid
704 recipient may be transferred from a private room to a nonprivate
705 room, provided no patient may be involuntarily transferred from one
706 room to another within such home or chronic disease hospital if (A) it
707 is medically established that the move will subject the patient to a
708 reasonable likelihood of serious physical injury or harm, or (B) the
709 patient has a prior established medical history of psychiatric problems
710 and there is psychiatric testimony that as a consequence of the
711 proposed move there will be exacerbation of the psychiatric problem
712 that would last over a significant period of time and require
713 psychiatric intervention; and in the case of an involuntary transfer
714 from one room to another within such home or chronic disease
715 hospital, the patient and, if known, the patient's legally liable relative,
716 guardian or conservator or a person designated by the patient in
717 accordance with section 1-56r, is given not less than thirty days' and
718 not more than sixty days' written notice to ensure orderly transfer
719 from one room to another within such home or chronic disease
720 hospital, except where the health, safety or welfare of other patients is
721 endangered or where immediate transfer from one room to another
722 within such home or chronic disease hospital is necessitated by urgent
723 medical need of the patient or where a patient has resided in such
724 home or chronic disease hospital for less than thirty days, in which
725 case notice shall be given as many days before the transfer as
726 practicable; (5) is encouraged and assisted, throughout the patient's
727 period of stay, to exercise the patient's rights as a patient and as a
728 citizen, and to this end, has the right to be fully informed about
729 patients' rights by state or federally funded patient advocacy
730 programs, and may voice grievances and recommend changes in

731 policies and services to nursing home facility, residential care home or
732 chronic disease hospital staff or to outside representatives of the
733 patient's choice, free from restraint, interference, coercion,
734 discrimination or reprisal; (6) shall have prompt efforts made by such
735 nursing home facility, residential care home or chronic disease hospital
736 to resolve grievances the patient may have, including those with
737 respect to the behavior of other patients; (7) may manage the patient's
738 personal financial affairs, and is given a quarterly accounting of
739 financial transactions made on the patient's behalf; (8) is free from
740 mental and physical abuse, corporal punishment, involuntary
741 seclusion and any physical or chemical restraints imposed for
742 purposes of discipline or convenience and not required to treat the
743 patient's medical symptoms. Physical or chemical restraints may be
744 imposed only to ensure the physical safety of the patient or other
745 patients and only upon the written order of a physician or an
746 advanced practice registered nurse that specifies the type of restraint
747 and the duration and circumstances under which the restraints are to
748 be used, except in emergencies until a specific order can be obtained;
749 (9) is assured confidential treatment of the patient's personal and
750 medical records, and may approve or refuse their release to any
751 individual outside the facility, except in case of the patient's transfer to
752 another health care institution or as required by law or third-party
753 payment contract; (10) receives quality care and services with
754 reasonable accommodation of individual needs and preferences,
755 except where the health or safety of the individual would be
756 endangered, and is treated with consideration, respect, and full
757 recognition of the patient's dignity and individuality, including
758 privacy in treatment and in care for the patient's personal needs; (11) is
759 not required to perform services for the nursing home facility,
760 residential care home or chronic disease hospital that are not included
761 for therapeutic purposes in the patient's plan of care; (12) may
762 associate and communicate privately with persons of the patient's
763 choice, including other patients, send and receive the patient's
764 personal mail unopened and make and receive telephone calls
765 privately, unless medically contraindicated, as documented by the

766 patient's physician or advanced practice registered nurse in the
767 patient's medical record, and receives adequate notice before the
768 patient's room or roommate in such facility, home or chronic disease
769 hospital is changed; (13) is entitled to organize and participate in
770 patient groups in such facility, home or chronic disease hospital and to
771 participate in social, religious and community activities that do not
772 interfere with the rights of other patients, unless medically
773 contraindicated, as documented by the patient's physician or advanced
774 practice registered nurse in the patient's medical records; (14) may
775 retain and use the patient's personal clothing and possessions unless to
776 do so would infringe upon rights of other patients or unless medically
777 contraindicated, as documented by the patient's physician or advanced
778 practice registered nurse in the patient's medical record; (15) is assured
779 privacy for visits by the patient's spouse or a person designated by the
780 patient in accordance with section 1-56r and, if the patient is married
781 and both the patient and the patient's spouse are inpatients in the
782 facility, they are permitted to share a room, unless medically
783 contraindicated, as documented by the attending physician or
784 advanced practice registered nurse in the medical record; (16) is fully
785 informed of the availability of and may examine all current state, local
786 and federal inspection reports and plans of correction; (17) may
787 organize, maintain and participate in a patient-run resident council, as
788 a means of fostering communication among residents and between
789 residents and staff, encouraging resident independence and
790 addressing the basic rights of nursing home facility, residential care
791 home and chronic disease hospital patients and residents, free from
792 administrative interference or reprisal; (18) is entitled to the opinion of
793 two physicians concerning the need for surgery, except in an
794 emergency situation, prior to such surgery being performed; (19) is
795 entitled to have the patient's family or a person designated by the
796 patient in accordance with section 1-56r meet in such facility,
797 residential care home or chronic disease hospital with the families of
798 other patients in the facility to the extent such facility, residential care
799 home or chronic disease hospital has existing meeting space available
800 that meets applicable building and fire codes; (20) is entitled to file a

801 complaint with the Department of Social Services and the Department
802 of Public Health regarding patient abuse, neglect or misappropriation
803 of patient property; (21) is entitled to have psychopharmacologic drugs
804 administered only on orders of a physician or an advanced practice
805 registered nurse and only as part of a written plan of care developed in
806 accordance with Section 1919(b)(2) of the Social Security Act and
807 designed to eliminate or modify the symptoms for which the drugs are
808 prescribed and only if, at least annually, an independent external
809 consultant reviews the appropriateness of the drug plan; (22) is
810 entitled to be transferred or discharged from the facility only pursuant
811 to section 19a-535, as amended by this act, 19a-535a or 19a-535b, as
812 applicable; (23) is entitled to be treated equally with other patients
813 with regard to transfer, discharge and the provision of all services
814 regardless of the source of payment; (24) shall not be required to waive
815 any rights to benefits under Medicare or Medicaid or to give oral or
816 written assurance that the patient is not eligible for, or will not apply
817 for benefits under Medicare or Medicaid; (25) is entitled to be provided
818 information by the nursing home facility or chronic disease hospital as
819 to how to apply for Medicare or Medicaid benefits and how to receive
820 refunds for previous payments covered by such benefits; (26) is
821 entitled to receive a copy of any Medicare or Medicaid application
822 completed by a nursing home facility, residential care home or chronic
823 disease hospital on behalf of the patient or to designate that a family
824 member, or other representative of the patient, receive a copy of any
825 such application; (27) on or after October 1, 1990, shall not be required
826 to give a third-party guarantee of payment to the facility as a condition
827 of admission to, or continued stay in, such facility; (28) is entitled to
828 have such facility not charge, solicit, accept or receive any gift, money,
829 donation, third-party guarantee or other consideration as a
830 precondition of admission or expediting the admission of the
831 individual to such facility or as a requirement for the individual's
832 continued stay in such facility; and (29) shall not be required to deposit
833 the patient's personal funds in such facility, home or chronic disease
834 hospital.

835 (c) The patients' bill of rights shall provide that a patient in a rest
836 home with nursing supervision or a chronic and convalescent nursing
837 home may be transferred from one room to another within such home
838 only for the purpose of promoting the patient's well-being, except as
839 provided pursuant to subparagraph (C) or (D) of this subsection or
840 subsection (d) of this section. Whenever a patient is to be transferred,
841 such home shall effect the transfer with the least disruption to the
842 patient and shall assess, monitor and adjust care as needed subsequent
843 to the transfer in accordance with subdivision (10) of subsection (b) of
844 this section. When a transfer is initiated by such home and the patient
845 does not consent to the transfer, such home shall establish a
846 consultative process that includes the participation of the attending
847 physician or advanced practice registered nurse, a registered nurse
848 with responsibility for the patient and other appropriate staff in
849 disciplines as determined by the patient's needs, and the participation
850 of the patient, the patient's family, a person designated by the patient
851 in accordance with section 1-56r or other representative. The
852 consultative process shall determine: (1) What caused consideration of
853 the transfer; (2) whether the cause can be removed; and (3) if not,
854 whether such home has attempted alternatives to transfer. The patient
855 shall be informed of the risks and benefits of the transfer and of any
856 alternatives. If subsequent to the completion of the consultative
857 process a patient still does not wish to be transferred, the patient may
858 be transferred without the patient's consent, unless medically
859 contraindicated, only (A) if necessary to accomplish physical plant
860 repairs or renovations that otherwise could not be accomplished;
861 provided, if practicable, the patient, if the patient wishes, shall be
862 returned to the patient's room when the repairs or renovations are
863 completed; (B) due to irreconcilable incompatibility between or among
864 roommates, which is actually or potentially harmful to the well-being
865 of a patient; (C) if such home has two vacancies available for patients
866 of the same sex in different rooms, there is no applicant of that sex
867 pending admission in accordance with the requirements of section 19a-
868 533 and grouping of patients by the same sex in the same room would
869 allow admission of patients of the opposite sex, that otherwise would

870 not be possible; (D) if necessary to allow access to specialized medical
871 equipment no longer needed by the patient and needed by another
872 patient; or (E) if the patient no longer needs the specialized services or
873 programming that is the focus of the area of such home in which the
874 patient is located. In the case of an involuntary transfer, such home
875 shall, subsequent to completion of the consultative process, provide
876 the patient and the patient's legally liable relative, guardian or
877 conservator if any or other responsible party if known, with at least
878 fifteen days' written notice of the transfer, which shall include the
879 reason for the transfer, the location to which the patient is being
880 transferred, and the name, address and telephone number of the
881 regional long-term care ombudsman, except that in the case of a
882 transfer pursuant to subparagraph (A) of this subsection at least thirty
883 days' notice shall be provided. Notwithstanding the provisions of this
884 subsection, a patient may be involuntarily transferred immediately
885 from one room to another within such home to protect the patient or
886 others from physical harm, to control the spread of an infectious
887 disease, to respond to a physical plant or environmental emergency
888 that threatens the patient's health or safety or to respond to a situation
889 that presents a patient with an immediate danger of death or serious
890 physical harm. In such a case, disruption of patients shall be
891 minimized; the required notice shall be provided not later than
892 twenty-four hours after the transfer; if practicable, the patient, if the
893 patient wishes, shall be returned to the patient's room when the threat
894 to health or safety that prompted the transfer has been eliminated; and,
895 in the case of a transfer effected to protect a patient or others from
896 physical harm, the consultative process shall be established on the next
897 business day.

898 (d) Notwithstanding the provisions of subsection (c) of this section,
899 unless medically contraindicated, a patient who is a Medicaid recipient
900 may be transferred from a private to a nonprivate room. In the case of
901 such a transfer, the nursing home facility shall (1) give not less than
902 thirty days' written notice to the patient and the patient's legally liable
903 relative, guardian or conservator, if any, a person designated by the

904 patient in accordance with section 1-56r or other responsible party, if
905 known, which notice shall include the reason for the transfer, the
906 location to which the patient is being transferred and the name,
907 address and telephone number of the regional long-term care
908 ombudsman; and (2) establish a consultative process to effect the
909 transfer with the least disruption to the patient and assess, monitor
910 and adjust care as needed subsequent to the transfer in accordance
911 with subdivision (10) of subsection (b) of this section. The consultative
912 process shall include the participation of the attending physician or
913 advanced practice registered nurse, a registered nurse with
914 responsibility for the patient and other appropriate staff in disciplines
915 as determined by the patient's needs, and the participation of the
916 patient, the patient's family, a person designated by the patient in
917 accordance with section 1-56r or other representative.

918 (e) Any nursing home facility, residential care home or chronic
919 disease hospital that negligently deprives a patient of any right or
920 benefit created or established for the well-being of the patient by the
921 provisions of this section shall be liable to such patient in a private
922 cause of action for injuries suffered as a result of such deprivation.
923 Upon a finding that a patient has been deprived of such a right or
924 benefit, and that the patient has been injured as a result of such
925 deprivation, damages shall be assessed in the amount sufficient to
926 compensate such patient for such injury. The rights or benefits
927 specified in subsections (b) to (d), inclusive, of this section may not be
928 reduced, rescinded or abrogated by contract. In addition, where the
929 deprivation of any such right or benefit is found to have been wilful or
930 in reckless disregard of the rights of the patient, punitive damages may
931 be assessed. A patient may also maintain an action pursuant to this
932 section for any other type of relief, including injunctive and
933 declaratory relief, permitted by law. Exhaustion of any available
934 administrative remedies shall not be required prior to commencement
935 of suit under this section.

936 (f) In addition to the rights specified in subsections (b), (c) and (d) of

937 this section, a patient in a nursing home facility is entitled to have the
938 facility manage the patient's funds as provided in section 19a-551.

939 Sec. 20. Section 19a-571 of the general statutes is repealed and the
940 following is substituted in lieu thereof (*Effective October 1, 2016*):

941 (a) Subject to the provisions of subsection (c) of this section, any
942 physician licensed under chapter 370, any advanced practice registered
943 nurse licensed under chapter 378 or any licensed medical facility who
944 or which withholds, removes or causes the removal of a life support
945 system of an incapacitated patient shall not be liable for damages in
946 any civil action or subject to prosecution in any criminal proceeding
947 for such withholding or removal, provided (1) the decision to withhold
948 or remove such life support system is based on the best medical
949 judgment of the attending physician or advanced practice registered
950 nurse in accordance with the usual and customary standards of
951 medical practice; (2) the attending physician or advanced practice
952 registered nurse deems the patient to be in a terminal condition or, in
953 consultation with a physician qualified to make a neurological
954 diagnosis who has examined the patient, deems the patient to be
955 permanently unconscious; and (3) the attending physician or advanced
956 practice registered nurse has considered the patient's wishes
957 concerning the withholding or withdrawal of life support systems. In
958 the determination of the wishes of the patient, the attending physician
959 or advanced practice registered nurse shall consider the wishes as
960 expressed by a document executed in accordance with sections 19a-575
961 and 19a-575a, if any such document is presented to, or in the
962 possession of, the attending physician or advanced practice registered
963 nurse at the time the decision to withhold or terminate a life support
964 system is made. If the wishes of the patient have not been expressed in
965 a living will the attending physician or advanced practice registered
966 nurse shall determine the wishes of the patient by consulting any
967 statement made by the patient directly to the attending physician or
968 advanced practice registered nurse and, if available, the patient's
969 health care representative, the patient's next of kin, the patient's legal

970 guardian or conservator, if any, any person designated by the patient
971 in accordance with section 1-56r and any other person to whom the
972 patient has communicated his or her wishes, if the attending physician
973 or advanced practice registered nurse has knowledge of such person.
974 All persons acting on behalf of the patient shall act in good faith. If the
975 attending physician or advanced practice registered nurse does not
976 deem the incapacitated patient to be in a terminal condition or
977 permanently unconscious, beneficial medical treatment including
978 nutrition and hydration must be provided.

979 (b) A physician qualified to make a neurological diagnosis who is
980 consulted by the attending physician or advanced practice registered
981 nurse pursuant to subdivision (2) of subsection (a) of this section shall
982 not be liable for damages or subject to criminal prosecution for any
983 determination made in accordance with the usual and customary
984 standards of medical practice.

985 (c) In the case of an infant, as defined in 45 CFR 1340.15 (b), the
986 physician, advanced practice registered nurse or licensed medical
987 facility shall comply with the provisions of 45 CFR 1340.15 (b)(2) in
988 addition to the provisions of subsection (a) of this section.

989 Sec. 21. Section 19a-580d of the general statutes is repealed and the
990 following is substituted in lieu thereof (*Effective October 1, 2016*):

991 The Department of Public Health shall adopt regulations, in
992 accordance with chapter 54, to provide for a system governing the
993 recognition and transfer of "do not resuscitate" orders between health
994 care institutions licensed pursuant to chapter 368v and upon
995 intervention by emergency medical services providers certified or
996 licensed pursuant to chapter 368d. The regulations shall include, but
997 not be limited to, procedures concerning the use of "do not resuscitate"
998 bracelets. The regulations shall specify that, upon request of the patient
999 or his or her authorized representative, the physician or advanced
1000 practice registered nurse who issued the "do not resuscitate" order
1001 shall assist the patient or his or her authorized representative in

1002 utilizing the system. The regulations shall not limit the authority of the
1003 Commissioner of Developmental Services under subsection (g) of
1004 section 17a-238 concerning orders applied to persons receiving services
1005 under the direction of the Commissioner of Developmental Services.

1006 Sec. 22. Subsection (d) of section 19a-582 of the general statutes is
1007 repealed and the following is substituted in lieu thereof (*Effective*
1008 *October 1, 2016*):

1009 (d) The provisions of this section shall not apply to the performance
1010 of an HIV-related test:

1011 (1) By licensed medical personnel when the subject is unable to
1012 grant or withhold consent and no other person is available who is
1013 authorized to consent to health care for the individual and the test
1014 results are needed for diagnostic purposes to provide appropriate
1015 urgent care, except that in such cases the counseling, referrals and
1016 notification of test results described in subsection (c) of this section
1017 shall be provided as soon as practical;

1018 (2) By a health care provider or health facility in relation to the
1019 procuring, processing, distributing or use of a human body or a human
1020 body part, including organs, tissues, eyes, bones, arteries, blood,
1021 semen, or other body fluids, for use in medical research or therapy, or
1022 for transplantation to individuals, provided if the test results are
1023 communicated to the subject, the counseling, referrals and notification
1024 of test results described in subsection (c) of this section shall be
1025 provided;

1026 (3) For the purpose of research if the testing is performed in a
1027 manner by which the identity of the test subject is not known and is
1028 unable to be retrieved by the researcher;

1029 (4) On a deceased person when such test is conducted to determine
1030 the cause or circumstances of death or for epidemiological purposes;

1031 (5) In cases where a health care provider or other person, including

1032 volunteer emergency medical services, fire and public safety
1033 personnel, in the course of his or her occupational duties has had a
1034 significant exposure, provided the following criteria are met: (A) The
1035 worker is able to document significant exposure during performance
1036 of his or her occupation, (B) the worker completes an incident report
1037 within forty-eight hours of exposure identifying the parties to the
1038 exposure, witnesses, time, place and nature of the event, (C) the
1039 worker submits to a baseline HIV test within seventy-two hours of the
1040 exposure and is negative on that test, (D) the patient's or person's
1041 physician or advanced practice registered nurse or, if the patient or
1042 person does not have a personal physician or advanced practice
1043 registered nurse or if the patient's or person's physician or advanced
1044 practice registered nurse is unavailable, another physician, advanced
1045 practice registered nurse or health care provider has approached the
1046 patient or person and sought voluntary consent and the patient or
1047 person has refused to consent to testing, except in an exposure where
1048 the patient or person is deceased, (E) an exposure evaluation group
1049 determines that the criteria specified in subparagraphs (A), (B), (C), (D)
1050 and (F) of this subdivision are met and that the worker has a
1051 significant exposure to the blood of a patient or person and the patient
1052 or person, or the patient's or person's legal guardian, refuses to grant
1053 informed consent for an HIV test. If the patient or person is under the
1054 care or custody of the health facility, correctional facility or other
1055 institution and a sample of the patient's blood is available, said blood
1056 shall be tested. If no sample of blood is available, and the patient is
1057 under the care or custody of a health facility, correctional facility or
1058 other institution, the patient shall have a blood sample drawn at the
1059 health facility, correctional facility or other institution and tested. No
1060 member of the exposure evaluation group who determines that a
1061 worker has sustained a significant exposure and authorized the HIV
1062 testing of a patient or other person, nor the health facility, correctional
1063 facility or other institution, nor any person in a health facility or other
1064 institution who relies in good faith on the group's determination and
1065 performs that test shall have any liability as a result of his or her action
1066 carried out pursuant to this section, unless such person acted in bad

1067 faith. If the patient or person is not under the care or custody of a
1068 health facility, correctional facility or other institution and a physician
1069 or an advanced practice registered nurse not directly involved in the
1070 exposure certifies in writing that the criteria specified in
1071 subparagraphs (A), (B), (C), (D) and (F) of this subdivision are met and
1072 that a significant exposure has occurred, the worker may seek a court
1073 order for testing pursuant to subdivision (8) of this subsection, (F) the
1074 worker would be able to take meaningful immediate action, if results
1075 are known [, which] that could not otherwise be taken, as defined in
1076 regulations adopted pursuant to section 19a-589, (G) the fact that an
1077 HIV test was given as a result of an accidental exposure and the results
1078 of that test shall not appear in a patient's or person's medical record
1079 unless such test result is relevant to the medical care the person is
1080 receiving at that time in a health facility or correctional facility or other
1081 institution, (H) the counseling described in subsection (c) of this
1082 section shall be provided but the patient or person may choose not to
1083 be informed about the result of the test, and (I) the cost of the HIV test
1084 shall be borne by the employer of the potentially exposed worker;

1085 (6) In facilities operated by the Department of Correction if the
1086 facility physician or advanced practice registered nurse determines
1087 that testing is needed for diagnostic purposes, to determine the need
1088 for treatment or medical care specific to an HIV-related illness,
1089 including prophylactic treatment of HIV infection to prevent further
1090 progression of disease, provided no reasonable alternative exists that
1091 will achieve the same goal;

1092 (7) In facilities operated by the Department of Correction if the
1093 facility physician or advanced practice registered nurse and chief
1094 administrator of the facility determine that the behavior of the inmate
1095 poses a significant risk of transmission to another inmate or has
1096 resulted in a significant exposure of another inmate of the facility and
1097 no reasonable alternative exists that will achieve the same goal. No
1098 involuntary testing shall take place pursuant to subdivisions (6) and
1099 (7) of this subsection until reasonable effort has been made to secure

1100 informed consent. When testing without consent takes place pursuant
1101 to subdivisions (6) and (7) of this subsection, the counseling referrals
1102 and notification of test results described in subsection (c) of this section
1103 shall, nonetheless be provided;

1104 (8) Under a court order [which] that is issued in compliance with the
1105 following provisions: (A) No court of this state shall issue such order
1106 unless the court finds a clear and imminent danger to the public health
1107 or the health of a person and that the person has demonstrated a
1108 compelling need for the HIV-related test result [which] that cannot be
1109 accommodated by other means. In assessing compelling need, the
1110 court shall weigh the need for a test result against the privacy interests
1111 of the test subject and the public interest [which] that may be disserved
1112 by involuntary testing, (B) pleadings pertaining to the request for an
1113 involuntary test shall substitute a pseudonym for the true name of the
1114 subject to be tested. The disclosure to the parties of the subject's true
1115 name shall be communicated confidentially, in documents not filed
1116 with the court, (C) before granting any such order, the court shall
1117 provide the individual on whom a test result is being sought with
1118 notice and a reasonable opportunity to participate in the proceeding if
1119 he or she is not already a party, (D) court proceedings as to
1120 involuntary testing shall be conducted in camera unless the subject of
1121 the test agrees to a hearing in open court or unless the court
1122 determines that a public hearing is necessary to the public interest and
1123 the proper administration of justice;

1124 (9) When the test is conducted by any life or health insurer or health
1125 care center for purposes of assessing a person's fitness for insurance
1126 coverage offered by such insurer or health care center; or

1127 (10) When the test is subsequent to a prior confirmed test and the
1128 subsequent test is part of a series of repeated testing for the purposes
1129 of medical monitoring and treatment, provided (A) the patient has
1130 previously given general consent that includes HIV-related tests, (B)
1131 the patient, after consultation with the health care provider, has
1132 declined reiteration of the general consent, counseling and education

1133 requirements of this section, and (C) a notation to that effect has been
1134 entered into the patient's medical record.

1135 Sec. 23. Section 19a-592 of the general statutes is repealed and the
1136 following is substituted in lieu thereof (*Effective October 1, 2016*):

1137 (a) Any licensed physician or advanced practice registered nurse
1138 may examine and provide treatment for human immunodeficiency
1139 virus infection, or acquired immune deficiency syndrome for a minor,
1140 only with the consent of the parents or guardian of the minor unless
1141 the physician or advanced practice registered nurse determines that
1142 notification of the parents or guardian of the minor will result in
1143 treatment being denied or the physician or advanced practice
1144 registered nurse determines the minor will not seek, pursue or
1145 continue treatment if the parents or guardian are notified and the
1146 minor requests that his or her parents or guardian not be notified. The
1147 physician or advanced practice registered nurse shall fully document
1148 the reasons for the determination to provide treatment without the
1149 consent or notification of the parents or guardian of the minor and
1150 shall include such documentation, signed by the minor, in the minor's
1151 clinical record. The fact of consultation, examination and treatment of a
1152 minor under the provisions of this section shall be confidential and
1153 shall not be divulged without the minor's consent, including the
1154 sending of a bill for the services to any person other than the minor
1155 until the physician or advanced practice registered nurse consults with
1156 the minor regarding the sending of a bill.

1157 (b) A minor shall be personally liable for all costs and expenses for
1158 services afforded [him] the minor at his or her request under this
1159 section.

1160 Sec. 24. Section 20-7h of the general statutes is repealed and the
1161 following is substituted in lieu thereof (*Effective October 1, 2016*):

1162 Any physician licensed under chapter 370, advanced practice
1163 registered nurse licensed under chapter 378 and any physical therapist

1164 licensed under chapter 376 shall, during the consultation period with a
1165 patient who has suffered a personal injury and prior to any treatment
1166 of such patient, disclose to such patient in writing: (1) Whether such
1167 physician, advanced practice registered nurse or physical therapist
1168 would provide services to such patient on the basis of a letter of
1169 protection issued by an attorney representing the patient in a personal
1170 injury action, which letter promises that any bill for services rendered
1171 by such physician, advanced practice registered nurse or physical
1172 therapist to such patient will be paid from the proceeds of any
1173 recovery the patient receives from a settlement or judgment in such
1174 action or, if there is no recovery or the recovery is insufficient to pay
1175 such bill, that such bill will be paid by such patient; and (2) the
1176 estimated cost of providing to the patient or an attorney representing
1177 the patient in a personal injury action an opinion letter concerning the
1178 cause of the personal injury and the diagnosis, treatment and
1179 prognosis of the patient, including a disability rating.

1180 Sec. 25. Section 19a-580 of the general statutes is repealed and the
1181 following is substituted in lieu thereof (*Effective October 1, 2016*):

1182 Within a reasonable time prior to withholding or causing the
1183 removal of any life support system pursuant to sections 19a-570, 19a-
1184 571, as amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive,
1185 the attending physician or advanced practice registered nurse shall
1186 make reasonable efforts to notify the individual's health care
1187 representative, next-of-kin, legal guardian, conservator or person
1188 designated in accordance with section 1-56r, if available.

1189 Sec. 26. Section 20-14m of the general statutes is repealed and the
1190 following is substituted in lieu thereof (*Effective October 1, 2016*):

1191 (a) As used in this section, (1) "long-term antibiotic therapy" means
1192 the administration of oral, intramuscular or intravenous antibiotics,
1193 singly or in combination, for periods of time in excess of four weeks;
1194 and (2) "Lyme disease" means the clinical diagnosis by a physician,
1195 licensed in accordance with chapter 370, or an advanced practice

1196 registered nurse, licensed in accordance with chapter 378, of the
1197 presence in a patient of signs or symptoms compatible with acute
1198 infection with borrelia burgdorferi; or with late stage or persistent or
1199 chronic infection with borrelia burgdorferi, or with complications
1200 related to such an infection; or such other strains of borrelia that, on
1201 and after July 1, 2009, are recognized by the National Centers for
1202 Disease Control and Prevention as a cause of Lyme disease. Lyme
1203 disease includes an infection that meets the surveillance criteria set
1204 forth by the National Centers for Disease Control and Prevention, and
1205 other acute and chronic manifestations of such an infection as
1206 determined by a physician, licensed in accordance with the provisions
1207 of chapter 370, or an advanced practice registered nurse, licensed in
1208 accordance with chapter 378, pursuant to a clinical diagnosis that is
1209 based on knowledge obtained through medical history and physical
1210 examination alone, or in conjunction with testing that provides
1211 supportive data for such clinical diagnosis.

1212 (b) On and after July 1, 2009, a licensed physician or a licensed
1213 advanced practice registered nurse may prescribe, administer or
1214 dispense long-term antibiotic therapy to a patient for a therapeutic
1215 purpose that eliminates such infection or controls a patient's symptoms
1216 upon making a clinical diagnosis that such patient has Lyme disease or
1217 displays symptoms consistent with a clinical diagnosis of Lyme
1218 disease, provided such clinical diagnosis and treatment are
1219 documented in the patient's medical record by such licensed physician
1220 or licensed advanced practice registered nurse. Notwithstanding the
1221 provisions of sections 20-8a and 20-13e, on and after said date, the
1222 Department of Public Health shall not initiate a disciplinary action
1223 against a licensed physician or a licensed advanced practice registered
1224 nurse and such physician or advanced practice registered nurse shall
1225 not be subject to disciplinary action by the Connecticut Medical
1226 Examining Board or the Connecticut State Board of Examiners for
1227 Nursing solely for prescribing, administering or dispensing long-term
1228 antibiotic therapy to a patient clinically diagnosed with Lyme disease,
1229 provided such clinical diagnosis and treatment has been documented

1230 in the patient's medical record by such licensed physician or licensed
1231 advanced practice registered nurse.

1232 (c) Nothing in this section shall prevent the Connecticut Medical
1233 Examining Board or the Connecticut State Board of Examiners for
1234 Nursing from taking disciplinary action for other reasons against a
1235 licensed physician or a licensed advanced practice registered nurse,
1236 pursuant to section 19a-17, or from entering into a consent order with
1237 such physician or advanced practice registered nurse pursuant to
1238 subsection (c) of section 4-177. Subject to the limitation set forth in
1239 subsection (b) of this section, for purposes of this section, the
1240 Connecticut Medical Examining Board may take disciplinary action
1241 against a licensed physician if there is any violation of the provisions
1242 of section 20-13c and the Connecticut Board of Examiners for Nursing
1243 may take disciplinary action against a licensed advanced practice
1244 registered nurse in accordance with the provisions of section 20-99.

1245 Sec. 27. Section 20-162n of the general statutes is repealed and the
1246 following is substituted in lieu thereof (*Effective October 1, 2016*):

1247 As used in subsection (c) of section 19a-14, this section, and sections
1248 [20-162n] 20-162o to 20-162q, inclusive:

1249 (a) "Commissioner" means the Commissioner of Public Health;

1250 (b) "Respiratory care" means health care under the direction of a
1251 physician licensed pursuant to chapter 370 or an advanced practice
1252 registered nurse licensed pursuant to chapter 378 and in accordance
1253 with written protocols developed by [said] such physician or advanced
1254 practice registered nurse, employed in the therapy, management,
1255 rehabilitation, diagnostic evaluation and care of patients with
1256 deficiencies and abnormalities that affect the cardiopulmonary system
1257 and associated aspects of other system functions and that includes the
1258 following: (1) The therapeutic and diagnostic use of medical gases,
1259 administering apparatus, humidification and aerosols, administration
1260 of drugs and medications to the cardiorespiratory systems, ventilatory

1261 assistance and ventilatory control, postural drainage, chest
1262 physiotherapy and breathing exercises, respiratory rehabilitation,
1263 cardiopulmonary resuscitation and maintenance of natural airways as
1264 well as the insertion and maintenance of artificial airways, (2) the
1265 specific testing techniques employed in respiratory therapy to assist in
1266 diagnosis, monitoring, treatment and research, including the
1267 measurement of ventilatory volumes, pressures and flows, specimen
1268 collection of blood and other materials, pulmonary function testing
1269 and hemodynamic and other related physiological monitoring of
1270 cardiopulmonary systems, (3) performance of a purified protein
1271 derivative test to identify exposure to tuberculosis, and (4) patient
1272 education in self-care procedures as part of the ongoing program of
1273 respiratory care of such patient. The practice of respiratory therapy is
1274 not limited to the hospital setting;

1275 (c) "Respiratory care practitioner" means a person who is licensed to
1276 practice respiratory care in this state pursuant to section 20-162o and
1277 who may transcribe and implement written and verbal orders for
1278 respiratory care issued by a physician licensed pursuant to chapter
1279 370, or a physician assistant licensed pursuant to chapter 370 or an
1280 advanced practice registered nurse licensed pursuant to chapter 378
1281 who is functioning within the person's respective scope of practice.

1282 Sec. 28. Section 20-206q of the 2016 supplement to the general
1283 statutes is repealed and the following is substituted in lieu thereof
1284 (*Effective October 1, 2016*):

1285 A certified dietitian-nutritionist may write an order for a patient
1286 diet, including, but not limited to, a therapeutic diet for a patient in an
1287 institution, as defined in section 19a-490. The certified dietitian-
1288 nutritionist shall write such order in the patient's medical record. Any
1289 order conveyed under this section shall be acted upon by the
1290 institution's nurses and physician assistants with the same authority as
1291 if the order were received directly from a physician or an advanced
1292 practice registered nurse. Any order conveyed in this manner shall be
1293 countersigned by a physician or an advanced practice registered nurse

1294 within seventy-two hours unless otherwise provided by state or
1295 federal law or regulations. Nothing in this section shall prohibit a
1296 physician or an advanced practice registered nurse from conveying a
1297 verbal order for a patient diet to a certified dietitian-nutritionist.

1298 Sec. 29. Section 20-206jj of the 2016 supplement to the general
1299 statutes is repealed and the following is substituted in lieu thereof
1300 (*Effective October 1, 2016*):

1301 As used in this section and sections [20-206jj] 20-206kk to 20-206oo,
1302 inclusive:

1303 (1) "Advanced emergency medical technician" means an individual
1304 who is certified as an advanced emergency medical technician by the
1305 Department of Public Health;

1306 (2) "Commissioner" means the Commissioner of Public Health;

1307 (3) "Emergency medical services instructor" means a person who is
1308 certified under the provisions of section 20-206ll or 20-206mm by the
1309 Department of Public Health to teach courses, the completion of which
1310 is required in order to become an emergency medical technician;

1311 (4) "Emergency medical responder" means an individual who is
1312 certified to practice as an emergency medical responder under the
1313 provisions of section 20-206ll or 20-206mm;

1314 (5) "Emergency medical services personnel" means an individual
1315 certified to practice as an emergency medical responder, emergency
1316 medical technician, advanced emergency medical technician,
1317 emergency medical services instructor or an individual licensed as a
1318 paramedic;

1319 (6) "Emergency medical technician" means a person who is certified
1320 to practice as an emergency medical technician under the provisions of
1321 section 20-206ll or 20-206mm;

1322 (7) "Office of Emergency Medical Services" means the office
1323 established within the Department of Public Health pursuant to
1324 section 19a-178;

1325 (8) "Paramedicine" means the carrying out of (A) all phases of
1326 cardiopulmonary resuscitation and defibrillation, (B) the
1327 administration of drugs and intravenous solutions under written or
1328 oral authorization from a licensed physician or a licensed advanced
1329 practice registered nurse, and (C) the administration of controlled
1330 substances, as defined in section 21a-240, in accordance with written
1331 protocols or standing orders of a licensed physician or a licensed
1332 advanced practice registered nurse; and

1333 (9) "Paramedic" means a person licensed to practice as a paramedic
1334 under the provisions of section 20-206*ll*.

1335 Sec. 30. Subsection (e) of section 20-41a of the general statutes is
1336 repealed and the following is substituted in lieu thereof (*Effective*
1337 *October 1, 2016*):

1338 (e) In individual cases involving medical disability or illness, the
1339 commissioner may, in the commissioner's discretion, grant a waiver of
1340 the continuing education requirements or an extension of time within
1341 which to fulfill the continuing education requirements of this section to
1342 any licensee, provided the licensee submits to the department an
1343 application for waiver or extension of time on a form prescribed by the
1344 department, along with a certification by a licensed physician or a
1345 licensed advanced practice registered nurse of the disability or illness
1346 and such other documentation as may be required by the
1347 commissioner. The commissioner may grant a waiver or extension for
1348 a period not to exceed one registration period, except that the
1349 commissioner may grant additional waivers or extensions if the
1350 medical disability or illness upon which a waiver or extension is
1351 granted continues beyond the period of the waiver or extension and
1352 the licensee applies for an additional waiver or extension.

1353 Sec. 31. Subsection (c) of section 20-73b of the general statutes is
1354 repealed and the following is substituted in lieu thereof (*Effective*
1355 *October 1, 2016*):

1356 (c) The continuing education requirements shall be waived for
1357 licensees applying for licensure renewal for the first time. The
1358 department may, for a licensee who has a medical disability or illness,
1359 grant a waiver of the continuing education requirements or may grant
1360 the licensee an extension of time in which to fulfill the requirements,
1361 provided the licensee submits to the Department of Public Health an
1362 application for waiver or extension of time on a form prescribed by
1363 said department, along with a certification by a licensed physician or a
1364 licensed advanced practice registered nurse of the disability or illness
1365 and such other documentation as may be required by said department.
1366 The Department of Public Health may grant a waiver or extension for a
1367 period not to exceed one registration period, except that said
1368 department may grant additional waivers or extensions if the medical
1369 disability or illness upon which a waiver or extension is granted
1370 continues beyond the period of the waiver or extension and the
1371 licensee applies to said department for an additional waiver or
1372 extension.

1373 Sec. 32. Subsection (f) of section 20-74ff of the general statutes is
1374 repealed and the following is substituted in lieu thereof (*Effective*
1375 *October 1, 2016*):

1376 (f) In individual cases involving medical disability or illness, the
1377 commissioner may, in the commissioner's discretion, grant a waiver of
1378 the continuing education requirements or an extension of time within
1379 which to fulfill the continuing education requirements of this section to
1380 any licensee, provided the licensee submits to the department an
1381 application for waiver or extension of time on a form prescribed by the
1382 department, along with a certification by a licensed physician or a
1383 licensed advanced practice registered nurse of the disability or illness
1384 and such other documentation as may be required by the
1385 commissioner. The commissioner may grant a waiver or extension for

1386 a period not to exceed one registration period, except that the
1387 commissioner may grant additional waivers or extensions if the
1388 medical disability or illness upon which a waiver or extension is
1389 granted continues beyond the period of the waiver or extension and
1390 the licensee applies for an additional waiver or extension.

1391 Sec. 33. Subsection (f) of section 20-126c of the 2016 supplement to
1392 the general statutes is repealed and the following is substituted in lieu
1393 thereof (*Effective October 1, 2016*):

1394 (f) In individual cases involving medical disability or illness, the
1395 commissioner may, in the commissioner's discretion, grant a waiver of
1396 the continuing education requirements or an extension of time within
1397 which to fulfill the continuing education requirements of this section to
1398 any licensee, provided the licensee submits to the department an
1399 application for waiver or extension of time on a form prescribed by the
1400 department, along with a certification by a licensed physician or a
1401 licensed advanced practice registered nurse of the disability or illness
1402 and such other documentation as may be required by the
1403 commissioner. The commissioner may grant a waiver or extension for
1404 a period not to exceed one registration period, except that the
1405 commissioner may grant additional waivers or extensions if the
1406 medical disability or illness upon which a waiver or extension is
1407 granted continues beyond the period of the waiver or extension and
1408 the licensee applies for an additional waiver or extension.

1409 Sec. 34. Subsection (i) of section 20-126l of the general statutes is
1410 repealed and the following is substituted in lieu thereof (*Effective*
1411 *October 1, 2016*):

1412 (i) In individual cases involving medical disability or illness, the
1413 Commissioner of Public Health may grant a waiver of the continuing
1414 education requirements or an extension of time within which to fulfill
1415 the requirements of this subsection to any licensee, provided the
1416 licensee submits to the Department of Public Health an application for
1417 waiver or extension of time on a form prescribed by the commissioner,

1418 along with a certification by a licensed physician or a licensed
1419 advanced practice registered nurse of the disability or illness and such
1420 other documentation as may be required by the commissioner. The
1421 commissioner may grant a waiver or extension for a period not to
1422 exceed one registration period, except the commissioner may grant
1423 additional waivers or extensions if the medical disability or illness
1424 upon which a waiver or extension is granted continues beyond the
1425 period of the waiver or extension and the licensee applies for an
1426 additional waiver or extension.

1427 Sec. 35. Subsection (e) of section 20-132a of the general statutes is
1428 repealed and the following is substituted in lieu thereof (*Effective*
1429 *October 1, 2016*):

1430 (e) In individual cases involving medical disability or illness, the
1431 Commissioner of Public Health may grant a waiver of the continuing
1432 education requirements or an extension of time within which to fulfill
1433 the requirements of this section to any licensee, provided the licensee
1434 submits to the department an application for waiver or extension of
1435 time on a form prescribed by the commissioner, along with a
1436 certification by a licensed physician or a licensed advanced practice
1437 registered nurse of the disability or illness and such other
1438 documentation as may be required by the commissioner. The
1439 commissioner may grant a waiver or extension for a period not to
1440 exceed one registration period, except that the commissioner may
1441 grant additional waivers or extensions if the medical disability or
1442 illness upon which a waiver or extension is granted continues beyond
1443 the period of the waiver or extension and the licensee applies for an
1444 additional waiver or extension.

1445 Sec. 36. Subsection (e) of section 20-162r 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. 37. Subsection (d) of section 20-191c of the 2016 supplement to
1464 the general statutes is repealed and the following is substituted in lieu
1465 thereof (*Effective October 1, 2016*):

1466 (d) A licensee applying for license renewal for the first time shall be
1467 exempt from the continuing education requirements under subsection
1468 (a) of this section. In individual cases involving medical disability or
1469 illness, the Commissioner of Public Health may grant a waiver of the
1470 continuing education requirements or an extension of time within
1471 which to fulfill the continuing education requirements of this section to
1472 any licensee, provided the licensee submits to the department an
1473 application for waiver or extension of time on a form prescribed by the
1474 commissioner, along with a certification by a licensed physician or a
1475 licensed advanced practice registered nurse of the disability or illness
1476 and such other documentation as may be required by the
1477 commissioner. The commissioner may grant a waiver or extension for
1478 a period not to exceed one registration period, except the
1479 commissioner may grant additional waivers or extensions if the
1480 medical disability or illness upon which a waiver or extension is
1481 granted continues beyond the period of the waiver or extension and
1482 the licensee applies for an additional waiver or extension. The

1483 commissioner may grant a waiver of the continuing education
1484 requirements to a licensee who is not engaged in active professional
1485 practice, in any form, during a registration period, provided the
1486 licensee submits a notarized application on a form prescribed by the
1487 commissioner prior to the end of the registration period. A licensee
1488 who is granted a waiver under the provisions of this subsection may
1489 not engage in professional practice until the licensee has met the
1490 continuing education requirements of this section.

1491 Sec. 38. Subsection (f) of section 20-201a of the general statutes is
1492 repealed and the following is substituted in lieu thereof (*Effective*
1493 *October 1, 2016*):

1494 (f) In individual cases involving medical disability or illness, the
1495 commissioner may, in the commissioner's discretion, grant a waiver of
1496 the continuing education requirements or an extension of time within
1497 which to fulfill the continuing education requirements of this section to
1498 any licensee, provided the licensee submits to the department an
1499 application for waiver or extension of time on a form prescribed by the
1500 department, along with a certification by a licensed physician or a
1501 licensed advanced practice registered nurse of the disability or illness
1502 and such other documentation as may be required by the
1503 commissioner. The commissioner may grant a waiver or extension for
1504 a period not to exceed one registration period, except that the
1505 commissioner may grant additional waivers or extensions if the
1506 medical disability or illness upon which a waiver or extension is
1507 granted continues beyond the period of the waiver or extension and
1508 the licensee applies for an additional waiver or extension.

1509 Sec. 39. Subdivision (3) of subsection (e) of section 20-206bb of the
1510 2016 supplement to the general statutes is repealed and the following
1511 is substituted in lieu thereof (*Effective October 1, 2016*):

1512 (3) In individual cases involving medical disability or illness, the
1513 commissioner may grant a waiver of the continuing education or
1514 certification requirements or an extension of time within which to

1515 fulfill such requirements of this subsection to any licensee, provided
1516 the licensee submits to the department an application for waiver or
1517 extension of time on a form prescribed by the commissioner, along
1518 with a certification by a licensed physician or a licensed advanced
1519 practice registered nurse of the disability or illness and such other
1520 documentation as may be required by the department. The
1521 commissioner may grant a waiver or extension for a period not to
1522 exceed one registration period, except that the commissioner may
1523 grant additional waivers or extensions if the medical disability or
1524 illness upon which a waiver or extension is granted continues beyond
1525 the period of the waiver or extension and the licensee applies for an
1526 additional waiver or extension.

1527 Sec. 40. Subsection (f) of section 20-395d of the 2016 supplement to
1528 the general statutes is repealed and the following is substituted in lieu
1529 thereof (*Effective October 1, 2016*):

1530 (f) In individual cases involving medical disability or illness, the
1531 commissioner may, in the commissioner's discretion, grant a waiver of
1532 the continuing education requirements or an extension of time within
1533 which to fulfill the continuing education requirements of this section to
1534 any licensee, provided the licensee submits to the department an
1535 application for waiver or extension of time on a form prescribed by the
1536 department, along with a certification by a licensed physician or a
1537 licensed advanced practice registered nurse of the disability or illness
1538 and such other documentation as may be required by the
1539 commissioner. The commissioner may grant a waiver or extension for
1540 a period not to exceed one registration period, except that the
1541 commissioner may grant additional waivers or extensions if the
1542 medical disability or illness upon which a waiver or extension is
1543 granted continues beyond the period of the waiver or extension and
1544 the licensee applies for an additional waiver or extension.

1545 Sec. 41. Subdivision (3) of subsection (b) of section 20-402 of the
1546 general statutes is repealed and the following is substituted in lieu
1547 thereof (*Effective October 1, 2016*):

1548 (3) In individual cases involving medical disability or illness, the
1549 commissioner may grant a waiver of the continuing education
1550 requirements or an extension of time within which to fulfill such
1551 requirements of this subsection to any licensee, provided the licensee
1552 submits to the department an application for waiver or extension of
1553 time on a form prescribed by the commissioner, along with a
1554 certification by a licensed physician or a licensed advanced practice
1555 registered nurse of the disability or illness and such other
1556 documentation as may be required by the department. The
1557 commissioner may grant a waiver or extension for a period not to
1558 exceed one registration period, except that the commissioner may
1559 grant additional waivers or extensions if the medical disability or
1560 illness upon which a waiver or extension is granted continues beyond
1561 the period of the waiver or extension and the licensee applies for an
1562 additional waiver or extension.

1563 Sec. 42. Subsection (f) of section 20-411a of the general statutes is
1564 repealed and the following is substituted in lieu thereof (*Effective*
1565 *October 1, 2016*):

1566 (f) In individual cases involving medical disability or illness, the
1567 commissioner may, in the commissioner's discretion, grant a waiver of
1568 the continuing education requirements or an extension of time within
1569 which to fulfill the continuing education requirements of this section to
1570 any licensee, provided the licensee submits to the department, prior to
1571 the expiration of the registration period, an application for waiver on a
1572 form prescribed by the department, along with a certification by a
1573 licensed physician or a licensed advanced practice registered nurse of
1574 the disability or illness and such other documentation as may be
1575 required by the commissioner. The commissioner may grant a waiver
1576 or extension for a period not to exceed one registration period, except
1577 that the commissioner may grant additional waivers or extensions if
1578 the medical disability or illness upon which a waiver or extension is
1579 granted continues beyond the period of the waiver or extension and
1580 the licensee applies for an additional waiver or extension.

1581 Sec. 43. Section 21a-217 of the general statutes is repealed and the
1582 following is substituted in lieu thereof (*Effective October 1, 2016*):

1583 Every contract for health club services shall provide that such
1584 contract may be cancelled within three business days after the date of
1585 receipt by the buyer of a copy of the contract, by written notice
1586 delivered by certified or registered United States mail to the seller or
1587 the seller's agent at an address which shall be specified in the contract.
1588 After receipt of such cancellation, the health club may request the
1589 return of contract forms, membership cards and any and all other
1590 documents and evidence of membership previously delivered to the
1591 buyer. Cancellation shall be without liability on the part of the buyer,
1592 except for the fair market value of services actually received and the
1593 buyer shall be entitled to a refund of the entire consideration paid for
1594 the contract, if any, less the fair market value of the services or use of
1595 facilities already actually received. Such right of cancellation shall not
1596 be affected by the terms of the contract and may not be waived or
1597 otherwise surrendered. Such contract for health club services shall also
1598 contain a clause providing that if the person receiving the benefits of
1599 such contract relocates further than twenty-five miles from a health
1600 club facility operated by the seller or a substantially similar health club
1601 facility which would accept the seller's obligation under the contract,
1602 or dies during the membership term following the date of such
1603 contract, or if the health club ceases operation at the location where the
1604 buyer entered into the contract, the buyer or his estate shall be relieved
1605 of any further obligation for payment under the contract not then due
1606 and owing. The contract shall also provide that if the buyer becomes
1607 disabled during the membership term, the buyer shall have the option
1608 of (1) being relieved of liability for payment on that portion of the
1609 contract term for which he is disabled, or (2) extending the duration of
1610 the original contract at no cost to the buyer for a period equal to the
1611 duration of the disability. The health club shall have the right to
1612 require and verify reasonable evidence of relocation, disability or
1613 death. In the case of disability, the health club may require that a
1614 [doctor's] certificate signed by a licensed physician or a licensed

1615 advanced practice registered nurse be submitted as verification and
1616 may also require in such contract that the buyer submit to a physical
1617 examination by a [doctor] licensed physician or a licensed advanced
1618 practice registered nurse agreeable to the buyer and the health club,
1619 the cost of which examination shall be borne by the health club.

1620 Sec. 44. Subsections (a) to (c), inclusive, of section 21a-218 of the
1621 general statutes are repealed and the following is substituted in lieu
1622 thereof (*Effective October 1, 2016*):

1623 (a) A copy of the health club contract shall be delivered to the buyer
1624 at the time the contract is signed. All health club contracts shall be in
1625 writing and signed by the buyer, shall designate the date on which the
1626 buyer actually signs the contract, shall identify the address of the
1627 location at which the buyer entered the contract and shall contain a
1628 statement of the buyer's rights which complies with this section. The
1629 statement must: (1) Appear in the contract under the conspicuous
1630 caption: "BUYER'S RIGHT TO CANCEL", and (2) read as follows:

1631 "If you wish to cancel this contract, you may cancel by mailing a
1632 written notice by certified or registered mail to the address specified
1633 below. The notice must say that you do not wish to be bound by this
1634 contract and must be delivered or mailed before midnight of the third
1635 business day after you sign this contract. After you cancel, the health
1636 club may request the return of all contracts, membership cards and
1637 other documents of evidence of membership. The notice must be
1638 delivered or mailed to:

1639

1640

1641 (Insert name and mailing address for cancellation notice.)

1642 You may also cancel this contract if you relocate your residence
1643 further than twenty-five miles from any health club operated by the
1644 seller or from any other substantially similar health club which would

1645 accept the obligation of the seller. This contract may also be cancelled if
1646 you die, or if the health club ceases operation at the location where you
1647 entered into this contract. If you become disabled, you shall have the
1648 option of (1) being relieved of liability for payment on that portion of
1649 the contract term for which you are disabled, or (2) extending the
1650 duration of the original contract at no cost to you for a period equal to
1651 the duration of the disability. You must prove such disability by a
1652 [doctor's] certificate signed by a licensed physician or a licensed
1653 advanced practice registered nurse, which certificate shall be enclosed
1654 with the written notice of disability sent to the health club. The health
1655 club may require that you be examined by another physician or
1656 advanced practice registered nurse agreeable to you and the health
1657 club at its expense. If you cancel, the health club may keep or collect an
1658 amount equal to the fair market value of the services or use of facilities
1659 you have already received."

1660 The full text of this statement shall be in ten-point bold type.

1661 (b) If a buyer cancels a health club contract pursuant to the three-
1662 day cancellation provision or as a result of having moved further than
1663 twenty-five miles, or as a result of the health club ceasing operation at
1664 the location where the buyer entered into the contract as provided by
1665 this chapter, the health club shall send the buyer a written
1666 confirmation of cancellation within fifteen days after receipt by the
1667 health club of the buyer's cancellation notice. If the health club fails to
1668 send such written notice to the buyer within fifteen days, the health
1669 club shall be deemed to have accepted the cancellation.

1670 (c) (1) If the buyer notifies the health club that he has become
1671 disabled, the health club shall notify the buyer in writing within fifteen
1672 days of receipt by the health club of the buyer's notice of disability and
1673 any [doctor's] certificate signed by a licensed physician or a licensed
1674 advanced practice registered nurse which may be required under
1675 subsection (a) of this section that: (A) The health club will not require
1676 the buyer to submit to another physical examination; or (B) the health
1677 club requires the buyer to submit to another physical examination and

1678 that the buyer's obligations under the contract are suspended pending
1679 determination of disability. If the health club fails to send such written
1680 notice to the buyer within fifteen days, the health club shall be deemed
1681 to have accepted the disability.

1682 (2) If the health club requires the buyer to submit to another
1683 physical examination, all obligations of the buyer for payment under
1684 the contract will be suspended as of the date the health club receives
1685 notice of disability. The buyer's obligations will not resume until such
1686 time as a determination is made, either by consent of the buyer and the
1687 health club or through adjudicative proceedings, that disability does
1688 not exist.

1689 Sec. 45. Subsection (a) of section 21a-246 of the general statutes is
1690 repealed and the following is substituted in lieu thereof (*Effective*
1691 *October 1, 2016*):

1692 (a) No person within this state shall manufacture, wholesale,
1693 repackaged, supply, compound, mix, cultivate or grow, or by other
1694 process produce or prepare, controlled substances without first
1695 obtaining a license to do so from the Commissioner of Consumer
1696 Protection and no person within this state shall operate a laboratory
1697 for the purpose of research or analysis using controlled substances
1698 without first obtaining a license to do so from the Commissioner of
1699 Consumer Protection, except that such activities by pharmacists or
1700 pharmacies in the filling and dispensing of prescriptions or activities
1701 incident thereto, or the dispensing or administering of controlled
1702 substances by dentists, podiatrists, physicians, advanced practice
1703 registered nurses or veterinarians, or other persons acting under their
1704 supervision, in the treatment of patients shall not be subject to the
1705 provisions of this section, and provided laboratories for instruction in
1706 dentistry, medicine, nursing, pharmacy, pharmacology and
1707 pharmacognosy in institutions duly licensed for such purposes in this
1708 state shall not be subject to the provisions of this section except with
1709 respect to narcotic drugs and schedule I and II controlled substances.
1710 Upon application of any physician licensed pursuant to chapter 370 or

1711 an advanced practice registered nurse licensed pursuant to chapter
1712 378, the Commissioner of Consumer Protection shall without
1713 unnecessary delay, (1) license such physician to possess and supply
1714 marijuana for the treatment of glaucoma or the side effects of
1715 chemotherapy, or (2) license such advanced practice registered nurse
1716 to possess and supply marijuana for the treatment of the side effects of
1717 chemotherapy. No person outside this state shall sell or supply
1718 controlled substances within this state without first obtaining a license
1719 to do so from the Commissioner of Consumer Protection, provided no
1720 such license shall be required of a manufacturer whose principal place
1721 of business is located outside this state and who is registered with the
1722 federal Drug Enforcement Administration or other federal agency, and
1723 who files a copy of such registration with the appropriate licensing
1724 authority under this chapter.

1725 Sec. 46. Section 21a-253 of the general statutes is repealed and the
1726 following is substituted in lieu thereof (*Effective October 1, 2016*):

1727 Any person may possess or have under his control a quantity of
1728 marijuana less than or equal to that quantity supplied to him pursuant
1729 to a prescription made in accordance with the provisions of section
1730 21a-249 by (1) a physician licensed under the provisions of chapter 370
1731 and further authorized by subsection (a) of section 21a-246, as
1732 amended by this act, by the Commissioner of Consumer Protection to
1733 possess and supply marijuana for the treatment of glaucoma or the
1734 side effects of chemotherapy, or (2) an advanced practice registered
1735 nurse licensed under the provisions of chapter 378 and further
1736 authorized by subsection (a) of section 21a-246, as amended by this act,
1737 by said commissioner to possess and supply marijuana for the
1738 treatment of the side effects of chemotherapy.

1739 Sec. 47. Section 21a-408 of the general statutes is repealed and the
1740 following is substituted in lieu thereof (*Effective October 1, 2016*):

1741 As used in sections 21a-408 to 21a-408o, inclusive, unless the context
1742 otherwise requires:

1743 (1) "Advanced practice registered nurse" means an advanced
1744 practice registered nurse licensed pursuant to chapter 378;

1745 [(1)] (2) "Cultivation" includes planting, propagating, cultivating,
1746 growing and harvesting;

1747 [(2)] (3) "Debilitating medical condition" means (A) cancer,
1748 glaucoma, positive status for human immunodeficiency virus or
1749 acquired immune deficiency syndrome, Parkinson's disease, multiple
1750 sclerosis, damage to the nervous tissue of the spinal cord with
1751 objective neurological indication of intractable spasticity, epilepsy,
1752 cachexia, wasting syndrome, Crohn's disease, posttraumatic stress
1753 disorder, or (B) any medical condition, medical treatment or disease
1754 approved by the Department of Consumer Protection pursuant to
1755 regulations adopted under section 21a-408m, as amended by this act;

1756 [(3)] (4) "Licensed dispensary" or "dispensary" means a person
1757 licensed as a dispensary pursuant to section 21a-408h;

1758 [(4)] (5) "Licensed producer" or "producer" means a person licensed
1759 as a producer pursuant to section 21a-408i;

1760 [(5)] (6) "Marijuana" means marijuana, as defined in section 21a-240;

1761 [(6)] (7) "Palliative use" means the acquisition, distribution, transfer,
1762 possession, use or transportation of marijuana or paraphernalia
1763 relating to marijuana, including the transfer of marijuana and
1764 paraphernalia relating to marijuana from the patient's primary
1765 caregiver to the qualifying patient, to alleviate a qualifying patient's
1766 symptoms of a debilitating medical condition or the effects of such
1767 symptoms, but does not include any such use of marijuana by any
1768 person other than the qualifying patient;

1769 [(7)] (8) "Paraphernalia" means drug paraphernalia, as defined in
1770 section 21a-240;

1771 [(8)] (9) "Physician" means a person who is licensed under chapter

1772 370, but does not include a physician assistant, as defined in section 20-
1773 12a;

1774 [(9)] (10) "Primary caregiver" means a person, other than the
1775 qualifying patient and the qualifying patient's physician or advanced
1776 practice registered nurse, who is eighteen years of age or older and has
1777 agreed to undertake responsibility for managing the well-being of the
1778 qualifying patient with respect to the palliative use of marijuana,
1779 provided (A) in the case of a qualifying patient lacking legal capacity,
1780 such person shall be a parent, guardian or person having legal custody
1781 of such qualifying patient, and (B) the need for such person shall be
1782 evaluated by the qualifying patient's physician or advanced practice
1783 registered nurse and such need shall be documented in the written
1784 certification;

1785 [(10)] (11) "Qualifying patient" means a person who is eighteen
1786 years of age or older, is a resident of Connecticut and has been
1787 diagnosed by a physician or an advanced practice registered nurse as
1788 having a debilitating medical condition. "Qualifying patient" does not
1789 include an inmate confined in a correctional institution or facility
1790 under the supervision of the Department of Correction;

1791 [(11)] (12) "Usable marijuana" means the dried leaves and flowers of
1792 the marijuana plant, and any mixtures or preparations of such leaves
1793 and flowers, that are appropriate for the palliative use of marijuana,
1794 but does not include the seeds, stalks and roots of the marijuana plant;
1795 and

1796 [(12)] (13) "Written certification" means a written certification issued
1797 by a physician or an advanced practice registered nurse pursuant to
1798 section 21a-408c, as amended by this act.

1799 Sec. 48. Subsection (a) of section 21a-408a of the general statutes is
1800 repealed and the following is substituted in lieu thereof (*Effective*
1801 *October 1, 2016*):

1802 (a) A qualifying patient shall register with the Department of

1803 Consumer Protection pursuant to section 21a-408d, as amended by this
1804 act, prior to engaging in the palliative use of marijuana. A qualifying
1805 patient who has a valid registration certificate from the Department of
1806 Consumer Protection pursuant to subsection (a) of section 21a-408d, as
1807 amended by this act, and complies with the requirements of sections
1808 21a-408 to 21a-408n, inclusive, as amended by this act, shall not be
1809 subject to arrest or prosecution, penalized in any manner, including,
1810 but not limited to, being subject to any civil penalty, or denied any
1811 right or privilege, including, but not limited to, being subject to any
1812 disciplinary action by a professional licensing board, for the palliative
1813 use of marijuana if:

1814 (1) The qualifying patient's physician or advanced practice
1815 registered nurse has issued a written certification to the qualifying
1816 patient for the palliative use of marijuana after the physician or
1817 advanced practice registered nurse has prescribed, or determined it is
1818 not in the best interest of the patient to prescribe, prescription drugs to
1819 address the symptoms or effects for which the certification is being
1820 issued;

1821 (2) The combined amount of marijuana possessed by the qualifying
1822 patient and the primary caregiver for palliative use does not exceed an
1823 amount of usable marijuana reasonably necessary to ensure
1824 uninterrupted availability for a period of one month, as determined by
1825 the Department of Consumer Protection pursuant to regulations
1826 adopted under section 21a-408m, as amended by this act; and

1827 (3) The qualifying patient has not more than one primary caregiver
1828 at any time.

1829 Sec. 49. Section 21a-408c of the general statutes is repealed and the
1830 following is substituted in lieu thereof (*Effective October 1, 2016*):

1831 (a) A physician or an advanced practice registered nurse may issue
1832 a written certification to a qualifying patient that authorizes the
1833 palliative use of marijuana by the qualifying patient. Such written

1834 certification shall be in the form prescribed by the Department of
1835 Consumer Protection and shall include a statement signed and dated
1836 by the qualifying patient's physician or advanced practice registered
1837 nurse stating that, in such physician's or advanced practice registered
1838 nurse's professional opinion, the qualifying patient has a debilitating
1839 medical condition and the potential benefits of the palliative use of
1840 marijuana would likely outweigh the health risks of such use to the
1841 qualifying patient.

1842 (b) Any written certification for the palliative use of marijuana
1843 issued by a physician or an advanced practice registered nurse under
1844 subsection (a) of this section shall be valid for a period not to exceed
1845 one year from the date such written certification is signed and dated
1846 by the physician or advanced practice registered nurse. Not later than
1847 ten calendar days after the expiration of such period, or at any time
1848 before the expiration of such period should the qualifying patient no
1849 longer wish to possess marijuana for palliative use, the qualifying
1850 patient or the primary caregiver shall destroy all usable marijuana
1851 possessed by the qualifying patient and the primary caregiver for
1852 palliative use.

1853 (c) A physician or an advanced practice registered nurse shall not be
1854 subject to arrest or prosecution, penalized in any manner, including,
1855 but not limited to, being subject to any civil penalty, or denied any
1856 right or privilege, including, but not limited to, being subject to any
1857 disciplinary action by the Connecticut Medical Examining Board, the
1858 Connecticut State Board of Examiners for Nursing or other
1859 professional licensing board, for providing a written certification for
1860 the palliative use of marijuana under subdivision (1) of subsection (a)
1861 of section 21a-408a, as amended by this act, if:

1862 (1) The physician or advanced practice registered nurse has
1863 diagnosed the qualifying patient as having a debilitating medical
1864 condition;

1865 (2) The physician or advanced practice registered nurse has

1866 explained the potential risks and benefits of the palliative use of
1867 marijuana to the qualifying patient and, if the qualifying patient lacks
1868 legal capacity, to a parent, guardian or person having legal custody of
1869 the qualifying patient;

1870 (3) The written certification issued by the physician or advanced
1871 practice registered nurse is based upon the physician's or advanced
1872 practice registered nurse's professional opinion after having completed
1873 a medically reasonable assessment of the qualifying patient's medical
1874 history and current medical condition made in the course of a bona
1875 fide [physician-patient] health care professional-patient relationship;
1876 and

1877 (4) The physician or advanced practice registered nurse has no
1878 financial interest in a dispensary licensed under section 21a-408h or a
1879 producer licensed under section 21a-408i.

1880 (d) Notwithstanding the provisions of this section, sections 21a-408
1881 to 21a-408b, inclusive, as amended by this act, and sections 21a-408d to
1882 21a-408o, inclusive, as amended by this act, an advanced practice
1883 registered nurse shall not issue a written certification to a qualifying
1884 patient when the qualifying patient's debilitating medical condition is
1885 glaucoma.

1886 Sec. 50. Section 21a-408d of the 2016 supplement to the general
1887 statutes is repealed and the following is substituted in lieu thereof
1888 (*Effective October 1, 2016*):

1889 (a) Each qualifying patient who is issued a written certification for
1890 the palliative use of marijuana under subdivision (1) of subsection (a)
1891 of section 21a-408a, as amended by this act, and the primary caregiver
1892 of such qualifying patient, shall register with the Department of
1893 Consumer Protection. Such registration shall be effective from the date
1894 the Department of Consumer Protection issues a certificate of
1895 registration until the expiration of the written certification issued by
1896 the physician or advanced practice registered nurse. The qualifying

1897 patient and the primary caregiver shall provide sufficient identifying
1898 information, as determined by the department, to establish the
1899 personal identity of the qualifying patient and the primary caregiver.
1900 The qualifying patient or the primary caregiver shall report any
1901 change in such information to the department not later than five
1902 business days after such change. The department shall issue a
1903 registration certificate to the qualifying patient and to the primary
1904 caregiver and may charge a reasonable fee, not to exceed twenty-five
1905 dollars, for each registration certificate issued under this subsection.
1906 Any registration fees collected by the department under this
1907 subsection shall be paid to the State Treasurer and credited to the
1908 General Fund.

1909 (b) Information obtained under this section shall be confidential and
1910 shall not be subject to disclosure under the Freedom of Information
1911 Act, as defined in section 1-200, except that reasonable access to
1912 registry information obtained under this section and temporary
1913 registration information obtained under section 21a-408n, as amended
1914 by this act, shall be provided to: (1) State agencies, federal agencies and
1915 local law enforcement agencies for the purpose of investigating or
1916 prosecuting a violation of law; (2) physicians, advanced practice
1917 registered nurses and pharmacists for the purpose of providing patient
1918 care and drug therapy management and monitoring controlled
1919 substances obtained by the qualifying patient; (3) public or private
1920 entities for research or educational purposes, provided no individually
1921 identifiable health information may be disclosed; (4) a licensed
1922 dispensary for the purpose of complying with sections 21a-408 to 21a-
1923 408n, inclusive, as amended by this act; (5) a qualifying patient, but
1924 only with respect to information related to such qualifying patient or
1925 such qualifying patient's primary caregiver; or (6) a primary caregiver,
1926 but only with respect to information related to such primary
1927 caregiver's qualifying patient.

1928 Sec. 51. Subsection (a) of section 21a-408m of the 2016 supplement to
1929 the general statutes is repealed and the following is substituted in lieu

1930 thereof (*Effective October 1, 2016*):

1931 (a) The Commissioner of Consumer Protection may adopt
1932 regulations, in accordance with chapter 54, to establish (1) a standard
1933 form for written certifications for the palliative use of marijuana issued
1934 by physicians and advanced practice registered nurses under
1935 subdivision (1) of subsection (a) of section 21a-408a, as amended by
1936 this act, and (2) procedures for registrations under section 21a-408d, as
1937 amended by this act. Such regulations, if any, shall be adopted after
1938 consultation with the Board of Physicians established in section 21a-
1939 408l.

1940 Sec. 52. Section 21a-408n of the general statutes is repealed and the
1941 following is substituted in lieu thereof (*Effective October 1, 2016*):

1942 (a) During the period beginning on October 1, 2012, and ending
1943 thirty calendar days after the effective date of regulations adopted
1944 pursuant to section 21a-408m, as amended by this act, a qualifying
1945 patient who would be determined to be eligible for a registration
1946 certificate pursuant to subsection (a) of section 21a-408d, as amended
1947 by this act, except for the lack of effective regulations concerning
1948 licensed dispensaries, licensed producers, distribution systems and
1949 amounts of marijuana, may obtain a written certification from a
1950 physician or an advanced practice registered nurse and upon
1951 presenting the written certification to the Department of Consumer
1952 Protection, the department shall issue a temporary registration
1953 certificate for the palliative use of marijuana. The department shall
1954 indicate on such temporary registration certificate the amount of
1955 usable marijuana that constitutes a one month supply which may be
1956 possessed pursuant to such temporary registration certificate. The
1957 department shall maintain a list of all temporary registration
1958 certificates issued pursuant to this section and the information on such
1959 list shall be confidential and shall not be subject to disclosure under the
1960 Freedom of Information Act, as defined in section 1-200, except that
1961 such information may be disclosed in the manner set forth in
1962 subsection (b) of section 21a-408d, as amended by this act.

1963 (b) A qualifying patient possessing a temporary registration
1964 certificate and the qualifying patient's primary caregiver shall not be
1965 subject to arrest or prosecution, penalized in any manner, including,
1966 but not limited to, being subject to any civil penalty, or denied any
1967 right or privilege, including, but not limited to, being subject to any
1968 disciplinary action by a professional licensing board, for possessing
1969 marijuana if the amount of usable marijuana possessed by the
1970 qualifying patient and the primary caregiver is not more than the
1971 amount specified in the temporary registration certificate.

1972 (c) A physician or an advanced practice registered nurse shall not be
1973 subject to arrest or prosecution, penalized in any manner, including,
1974 but not limited to, being subject to any civil penalty, or denied any
1975 right or privilege, including, but not limited to, being subject to any
1976 disciplinary action by the Connecticut Medical Examining Board, the
1977 State Board of Examiners for Nursing or other professional licensing
1978 board, for providing a written certification for the palliative use of
1979 marijuana pursuant to this section.

1980 Sec. 53. Subsection (b) of section 22a-616 of the general statutes is
1981 repealed and the following is substituted in lieu thereof (*Effective*
1982 *October 1, 2016*):

1983 (b) Notwithstanding the provisions of section 22a-617, on and after
1984 January 1, 2003, no person shall offer for sale or distribute for
1985 promotional purposes mercury fever thermometers except by
1986 prescription written by a physician or an advanced practice registered
1987 nurse. A manufacturer of mercury fever thermometers shall provide
1988 the buyer or the recipient with notice of mercury content, instructions
1989 on proper disposal and instructions that clearly describe how to
1990 carefully handle the thermometer to avoid breakage and on proper
1991 cleanup should a breakage occur.

1992 Sec. 54. Section 26-29a of the general statutes is repealed and the
1993 following is substituted in lieu thereof (*Effective October 1, 2016*):

1994 No fee shall be charged for any sport fishing license issued under
1995 this chapter to any person with intellectual disability, and such license
1996 shall be a lifetime license not subject to the expiration provisions of
1997 section 26-35. Proof of intellectual disability shall consist of a certificate
1998 to that effect issued by [any person licensed to practice medicine and
1999 surgery in this state] a licensed physician or a licensed advanced
2000 practice registered nurse.

2001 Sec. 55. Section 26-29b of the general statutes is repealed and the
2002 following is substituted in lieu thereof (*Effective October 1, 2016*):

2003 No fee shall be charged for any hunting, sport fishing or trapping
2004 license issued under this chapter to any physically disabled person,
2005 and such license shall be a lifetime license not subject to the expiration
2006 provisions of section 26-35. For the purposes of this section, a
2007 "physically disabled person" is any person whose disability consists of
2008 the loss of one or more limbs or the permanent loss of the use of one or
2009 more limbs. A physically disabled person shall submit to the
2010 commissioner a certification, signed by a licensed physician or a
2011 licensed advanced practice registered nurse, of such disability. No fee
2012 shall be charged for any hunting or sport fishing license issued under
2013 this chapter to any physically disabled person who is not a resident of
2014 this state if such person is a resident of a state in which a physically
2015 disabled person from Connecticut will not be required to pay a fee for
2016 a hunting or sport fishing license, and such license shall be a lifetime
2017 license not subject to the expiration provisions of section 26-35.

2018 Sec. 56. Section 27-140ee of the general statutes is repealed and the
2019 following is substituted in lieu thereof (*Effective October 1, 2016*):

2020 (a) A physician or an advanced practice registered nurse who has
2021 primary responsibility for treating a veteran who believes he may have
2022 been exposed to Vietnam herbicides while serving in the armed forces
2023 of the United States, shall, at the request of the veteran, submit a report
2024 to the Department of Veterans' Affairs. If there is no physician or
2025 advanced practice registered nurse having primary responsibility for

2026 treating the veteran, the hospital treating the veteran shall, at the
2027 request of the veteran, submit the report to the commission. Any
2028 report of a physician, an advanced practice registered nurse or a
2029 hospital shall include: (1) Any symptoms of exposure to a Vietnam
2030 herbicide; (2) diagnosis of the veteran; and (3) methods of treatment
2031 prescribed.

2032 (b) The identity of a veteran about whom a report has been made
2033 under this section may not be disclosed unless the veteran consents to
2034 the disclosure. Any statistical information collected under this part
2035 shall be public information.

2036 (c) Any physician, advanced practice registered nurse or hospital
2037 subject to this section who complies with the provisions of this section
2038 may not be held civilly or criminally liable for providing the
2039 information required by this section.

2040 Sec. 57. Section 29-143t of the general statutes is repealed and the
2041 following is substituted in lieu thereof (*Effective October 1, 2016*):

2042 (a) No person shall engage in any boxing match as a boxer or in any
2043 mixed martial arts match as a competitor until such person has been
2044 examined and found to be physically fit by a competent physician or
2045 advanced practice registered nurse approved by the commissioner,
2046 licensed to practice under the laws of this state and in practice in this
2047 state for at least two years. Such physician or advanced practice
2048 registered nurse shall be appointed by the commissioner and shall be
2049 in attendance throughout the boxing or mixed martial arts match for
2050 which such examination was made. Such physician or advanced
2051 practice registered nurse shall certify, in writing, that the boxer or
2052 competitor is physically fit to engage in such boxing or mixed martial
2053 arts match. Any fee for such physician or advanced practice registered
2054 nurse, as determined by the commissioner, shall be paid by the person
2055 or club, corporation or association conducting such boxing or mixed
2056 martial arts match.

2057 (b) The cost of any physical examination required by this chapter or
2058 regulations adopted under this chapter, other than an examination
2059 required by subsection (a) of this section, may be assessed by the
2060 commissioner on any boxer or competitor examined by a physician or
2061 an advanced practice registered nurse appointed by the commissioner
2062 or on the person, club, corporation or association conducting the next
2063 boxing or mixed martial arts match in which the boxer or competitor is
2064 scheduled to compete.

2065 Sec. 58. Section 31-40a of the general statutes is repealed and the
2066 following is substituted in lieu thereof (*Effective October 1, 2016*):

2067 Each physician or advanced practice registered nurse having
2068 knowledge of any person whom he or she believes to be suffering from
2069 poisoning from lead, phosphorus, arsenic, brass, wood alcohol or
2070 mercury or their compounds, or from anthrax or from compressed-air
2071 illness or any other disease, contracted as a result of the nature of the
2072 employment of such person, shall, within forty-eight hours, mail to the
2073 Labor Department, Department of Factory Inspection, as provided in
2074 section 31-9, a report stating the name, address and occupation of such
2075 patient, the name, address and business of his or her employer, the
2076 nature of the disease and such other information as may reasonably be
2077 required by said department. The department shall prepare and
2078 furnish to the physicians and advanced practice registered nurses of
2079 this state suitable blanks for the reports herein required. No report
2080 made pursuant to the provisions of this section shall be admissible as
2081 evidence of the facts therein stated in any action at law or in any action
2082 under the Workers' Compensation Act against any employer of such
2083 diseased person. Any physician or advanced practice registered nurse
2084 who fails to send any report herein required or who fails to send the
2085 same within the time specified herein shall be liable to the state for a
2086 penalty of not more than ten dollars, recoverable by civil action in the
2087 name of the state by said department. The Labor Department,
2088 Department of Factory Inspection, as provided in section 31-9, is
2089 authorized to investigate and make recommendations for the

2090 elimination or prevention of occupational diseases reported to it in
2091 accordance with the provisions of this section. Said department is also
2092 authorized to study and provide advice in regard to conditions
2093 suspected of causing occupational diseases, provided information
2094 obtained upon investigations made in accordance with the provisions
2095 of this section shall not be admissible as evidence in any action at law
2096 to recover damages for personal injury or in any action under the
2097 Workers' Compensation Act.

2098 Sec. 59. Section 38a-489 of the 2016 supplement to the general
2099 statutes is repealed and the following is substituted in lieu thereof
2100 (*Effective October 1, 2016*):

2101 (a) Each individual health insurance policy providing coverage of
2102 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of
2103 section 38a-469, delivered, issued for delivery, renewed, amended or
2104 continued in this state more than one hundred twenty days after July
2105 1, 1971, that provides that coverage of a dependent child shall
2106 terminate upon attainment of the limiting age for dependent children
2107 specified in the policy shall also provide in substance that attainment
2108 of the limiting age shall not operate to terminate the coverage of the
2109 child if at such date the child is and continues thereafter to be both (1)
2110 incapable of self-sustaining employment by reason of mental or
2111 physical handicap, as certified by the child's physician or advanced
2112 practice registered nurse on a form provided by the insurer, hospital
2113 service corporation, medical service corporation or health care center,
2114 and (2) chiefly dependent upon the policyholder or subscriber for
2115 support and maintenance.

2116 (b) Proof of the incapacity and dependency shall be furnished to the
2117 insurer, hospital service corporation, medical service corporation or
2118 health care center by the policyholder or subscriber within thirty-one
2119 days of the child's attainment of the limiting age. The insurer,
2120 corporation or health care center may at any time require proof of the
2121 child's continuing incapacity and dependency. After a period of two
2122 years has elapsed following the child's attainment of the limiting age

2123 the insurer, corporation or health care center may require periodic
2124 proof of the child's continuing incapacity and dependency but in no
2125 case more frequently than once every year.

2126 Sec. 60. Section 38a-492m of the general statutes is repealed and the
2127 following is substituted in lieu thereof (*Effective October 1, 2016*):

2128 Each individual health insurance policy providing coverage of the
2129 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
2130 469 delivered, issued for delivery, amended, renewed or continued in
2131 this state on or after January 1, 2010, that provides coverage for
2132 prescription eye drops, shall not deny coverage for a renewal of
2133 prescription eye drops when (1) the renewal is requested by the
2134 insured less than thirty days from the later of (A) the date the original
2135 prescription was distributed to the insured, or (B) the date the last
2136 renewal of such prescription was distributed to the insured, and (2) the
2137 prescribing physician or advanced practice registered nurse indicates
2138 on the original prescription that additional quantities are needed and
2139 the renewal requested by the insured does not exceed the number of
2140 additional quantities needed.

2141 Sec. 61. Section 38a-493 of the general statutes is repealed and the
2142 following is substituted in lieu thereof (*Effective October 1, 2016*):

2143 (a) Each individual health insurance policy providing coverage of
2144 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of
2145 section 38a-469 delivered, issued for delivery, renewed, amended or
2146 continued in this state shall provide coverage providing
2147 reimbursement for home health care to residents in this state.

2148 (b) For the purposes of this section, "hospital" means an institution
2149 [which] that is primarily engaged in providing, by or under the
2150 supervision of physicians, to inpatients (1) diagnostic, surgical and
2151 therapeutic services for medical diagnosis, treatment and care of
2152 injured, disabled or sick persons, or (2) medical rehabilitation services
2153 for the rehabilitation of injured, disabled or sick persons, provided

2154 "hospital" shall not include a residential care home, nursing home, rest
2155 home or alcohol or drug treatment facility, as defined in section 19a-
2156 490. For the purposes of this section and section 38a-494, "home health
2157 care" means the continued care and treatment of a covered person who
2158 is under the care of a physician or an advanced practice registered
2159 nurse but only if (A) continued hospitalization would otherwise have
2160 been required if home health care was not provided, except in the case
2161 of a covered person diagnosed by a physician or an advanced practice
2162 registered nurse as terminally ill with a prognosis of six months or less
2163 to live, and (B) the plan covering the home health care is established
2164 and approved in writing by such physician or advanced practice
2165 registered nurse within seven days following termination of a hospital
2166 confinement as a resident inpatient for the same or a related condition
2167 for which the covered person was hospitalized, except that in the case
2168 of a covered person diagnosed by a physician or an advanced practice
2169 registered nurse as terminally ill with a prognosis of six months or less
2170 to live, such plan may be so established and approved at any time
2171 irrespective of whether such covered person was so confined or, if
2172 such covered person was so confined, irrespective of such seven-day
2173 period, and (C) such home health care is commenced within seven
2174 days following discharge, except in the case of a covered person
2175 diagnosed by a physician or an advanced practice registered nurse as
2176 terminally ill with a prognosis of six months or less to live.

2177 (c) Home health care shall be provided by a home health agency.
2178 The term "home health agency" means an agency or organization
2179 [which] that meets each of the following requirements: (1) It is
2180 primarily engaged in and is federally certified as a home health agency
2181 and duly licensed, if such licensing is required, by the appropriate
2182 licensing authority, to provide nursing and other therapeutic services,
2183 (2) its policies are established by a professional group associated with
2184 such agency or organization, including at least one physician or
2185 advanced practice registered nurse and at least one registered nurse, to
2186 govern the services provided, (3) it provides for full-time supervision
2187 of such services by a physician, an advanced practice registered nurse

2188 or [by] a registered nurse, (4) it maintains a complete medical record
2189 on each patient, and (5) it has an administrator.

2190 (d) Home health care shall consist of, but shall not be limited to, the
2191 following: (1) Part-time or intermittent nursing care by a registered
2192 nurse or by a licensed practical nurse under the supervision of a
2193 registered nurse, if the services of a registered nurse are not available;
2194 (2) part-time or intermittent home health aide services, consisting
2195 primarily of patient care of a medical or therapeutic nature by other
2196 than a registered or licensed practical nurse; (3) physical, occupational
2197 or speech therapy; (4) medical supplies, drugs and medicines
2198 prescribed by a physician, advanced practice registered nurse or
2199 physician assistant and laboratory services to the extent such charges
2200 would have been covered under the policy or contract if the covered
2201 person had remained or had been confined in the hospital; (5) medical
2202 social services, as hereinafter defined, provided to or for the benefit of
2203 a covered person diagnosed by a physician or an advanced practice
2204 registered nurse as terminally ill with a prognosis of six months or less
2205 to live. Medical social services are defined to mean services rendered,
2206 under the direction of a physician or an advanced practice registered
2207 nurse by a qualified social worker holding a master's degree from an
2208 accredited school of social work, including but not limited to (A)
2209 assessment of the social, psychological and family problems related to
2210 or arising out of such covered person's illness and treatment; (B)
2211 appropriate action and utilization of community resources to assist in
2212 resolving such problems; (C) participation in the development of the
2213 overall plan of treatment for such covered person.

2214 (e) The policy may contain a limitation on the number of home
2215 health care visits for which benefits are payable, but the number of
2216 such visits shall not be less than eighty in any calendar year or in any
2217 continuous period of twelve months for each person covered under a
2218 policy or contract, except in the case of a covered person diagnosed by
2219 a physician or an advanced practice registered nurse as terminally ill
2220 with a prognosis of six months or less to live, the yearly benefit for

2221 medical social services shall not exceed two hundred dollars. Each visit
2222 by a representative of a home health agency shall be considered as one
2223 home health care visit; four hours of home health aide service shall be
2224 considered as one home health care visit.

2225 (f) Home health care benefits may be subject to an annual deductible
2226 of not more than fifty dollars for each person covered under a policy
2227 and may be subject to a coinsurance provision [which] that provides
2228 for coverage of not less than seventy-five per cent of the reasonable
2229 charges for such services. Such policy may also contain reasonable
2230 limitations and exclusions applicable to home health care coverage. A
2231 "high deductible health plan", as defined in Section 220(c)(2) or Section
2232 223(c)(2) of the Internal Revenue Code of 1986, or any subsequent
2233 corresponding internal revenue code of the United States, as from time
2234 to time amended, used to establish a "medical savings account" or
2235 "Archer MSA" pursuant to Section 220 of said Internal Revenue Code
2236 or a "health savings account" pursuant to Section 223 of said Internal
2237 Revenue Code shall not be subject to the deductible limits set forth in
2238 this subsection.

2239 (g) No policy, except any major medical expense policy as described
2240 in subsection (j), shall be required to provide home health care
2241 coverage to persons eligible for Medicare.

2242 (h) No insurer, hospital service corporation or health care center
2243 shall be required to provide benefits beyond the maximum amount
2244 limits contained in its policy.

2245 (i) If a person is eligible for home health care coverage under more
2246 than one policy, the home health care benefits shall only be provided
2247 by that policy [which] that would have provided the greatest benefits
2248 for hospitalization if the person had remained or had been
2249 hospitalized.

2250 (j) Each individual major medical expense policy delivered, issued
2251 for delivery, renewed, amended or continued in this state shall provide

2252 coverage in accordance with the provisions of this section for home
2253 health care to residents in this state whose benefits are no longer
2254 provided under Medicare or any applicable individual health
2255 insurance policy.

2256 Sec. 62. Section 38a-495 of the general statutes is repealed and the
2257 following is substituted in lieu thereof (*Effective October 1, 2016*):

2258 (a) As used in this section, "Medicare" means the Health Insurance
2259 for the Aged Act, Title XVIII of the Social Security Amendments of
2260 1965, as amended (Title I, Part I of P.L. 89-97); "Medicare supplement
2261 policy" means any individual health insurance policy delivered or
2262 issued for delivery to any resident of the state who is eligible for
2263 Medicare, except any long-term care policy as defined in section 38a-
2264 501.

2265 (b) No insurance company, fraternal benefit society, hospital service
2266 corporation, medical service corporation or health care center may
2267 deliver or issue for delivery any Medicare supplement policy [which]
2268 that has an anticipated loss ratio of less than sixty-five per cent for any
2269 individual Medicare supplement policy defined in Section 1882(g) of
2270 Title XVIII of the Social Security Act, 42 USC 1395ss(g), as amended.
2271 No such company, society or corporation may deliver or issue for
2272 delivery any Medicare supplement policy without providing, at the
2273 time of solicitation or application for the purchase or sale of such
2274 coverage, full and fair disclosure of any coverage supplementing or
2275 duplicating Medicare benefits.

2276 (c) Each Medicare supplement policy shall provide coverage for
2277 home health aide services for each individual covered under the policy
2278 when such services are not paid for by Medicare, provided (1) such
2279 services are provided by a certified home health aide employed by a
2280 home health care agency licensed pursuant to sections 19a-490 to 19a-
2281 503, inclusive, and (2) the individual's physician or advanced practice
2282 registered nurse has certified, in writing, that such services are
2283 medically necessary. The policy shall not be required to provide

2284 benefits in excess of five hundred dollars per year for such services. No
2285 deductible or coinsurance provisions may be applicable to such
2286 benefits. If two or more Medicare supplement policies are issued to the
2287 same individual by the same insurer, such coverage for home health
2288 aide services shall be included in only one such policy.
2289 Notwithstanding the provisions of subsection (g) of this section, the
2290 provisions of this subsection shall apply with respect to any Medicare
2291 supplement policy delivered, issued for delivery, continued or
2292 renewed in this state on or after October 1, 1986.

2293 (d) Whenever a Medicare supplement policy provides coverage for
2294 the cost of prescription drugs prescribed after the hospitalization of the
2295 insured, outpatient surgical procedures performed on the insured in
2296 any licensed hospital shall constitute "hospitalization" for purposes of
2297 such prescription drug coverage in such policy.

2298 (e) Notwithstanding the provisions of subsection (g) of this section,
2299 each Medicare supplement policy delivered, issued for delivery,
2300 continued or renewed in this state on or after October 1, 1988, shall
2301 provide benefits, to any woman covered under the policy, for
2302 mammographic examinations every year, or more frequently if
2303 recommended by the woman's physician or advanced practice
2304 registered nurse, when such examinations are not paid for by
2305 Medicare.

2306 (f) The Insurance Commissioner shall adopt such regulations as he
2307 deems necessary in accordance with chapter 54 to carry out the
2308 purposes of this section.

2309 (g) The provisions of this section shall apply with respect to any
2310 Medicare supplement policy delivered, issued for delivery, continued
2311 or renewed in this state on or after October 1, 1987, and prior to the
2312 effective date of any regulations adopted pursuant to section 38a-495a.

2313 Sec. 63. Subsection (a) of section 38a-496 of the general statutes is
2314 repealed and the following is substituted in lieu thereof (*Effective*

2315 *October 1, 2016*):

2316 (a) For the purposes of this section:

2317 (1) "Occupational therapy" means services provided by a licensed
2318 occupational therapist in accordance with a plan of care established
2319 and approved in writing by a physician licensed in accordance with
2320 the provisions of chapter 370 or an advanced practice registered nurse
2321 licensed in accordance with the provisions of chapter 378, who has
2322 certified that the prescribed care and treatment are not available from
2323 sources other than a licensed occupational therapist and which are
2324 provided in private practice or in a licensed health care facility. Such
2325 plan shall be reviewed and certified at least every two months by such
2326 physician or advanced practice registered nurse.

2327 (2) "Health care facility" means an institution which provides
2328 occupational therapy, including, but not limited to, an outpatient
2329 clinic, a rehabilitative agency and a skilled or intermediate nursing
2330 facility.

2331 (3) "Rehabilitative agency" means an agency which provides an
2332 integrated multitreatment program designed to upgrade the function
2333 of handicapped disabled individuals by bringing together, as a team,
2334 specialized personnel from various allied health fields.

2335 (4) "Partial hospitalization" means a formal program of care
2336 provided in a hospital or facility for periods of less than twenty-four
2337 hours a day.

2338 Sec. 64. Section 38a-515 of the 2016 supplement to the general
2339 statutes is repealed and the following is substituted in lieu thereof
2340 (*Effective October 1, 2016*):

2341 (a) Each group health insurance policy providing coverage of the
2342 type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section
2343 38a-469 delivered, issued for delivery, renewed, amended or continued
2344 in this state more than one hundred twenty days after July 1, 1971, that

2345 provides that coverage of a dependent child of an employee or other
2346 member of the covered group shall terminate upon attainment of the
2347 limiting age for dependent children specified in the policy shall also
2348 provide in substance that attainment of the limiting age shall not
2349 operate to terminate the coverage of the child if at such date the child
2350 is and continues thereafter to be both (1) incapable of self-sustaining
2351 employment by reason of mental or physical handicap, as certified by
2352 the child's physician or advanced practice registered nurse on a form
2353 provided by the insurer, hospital service corporation, medical service
2354 corporation or health care center, and (2) chiefly dependent upon such
2355 employee or member for support and maintenance.

2356 (b) Proof of the incapacity and dependency shall be furnished to the
2357 insurer, hospital service corporation, medical service corporation or
2358 health care center by the employee or member within thirty-one days
2359 of the child's attainment of the limiting age. The insurer, corporation or
2360 center may at any time require proof of the child's continuing
2361 incapacity and dependency. After a period of two years has elapsed
2362 following the child's attainment of the limiting age the insurer,
2363 corporation or center may require periodic proof of the child's
2364 continuing incapacity and dependency but in no case more frequently
2365 than once every year.

2366 Sec. 65. Section 38a-518l of the general statutes is repealed and the
2367 following is substituted in lieu thereof (*Effective October 1, 2016*):

2368 Each group health insurance policy providing coverage of the type
2369 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
2370 delivered, issued for delivery, amended, renewed or continued in this
2371 state on or after January 1, 2010, that provides coverage for
2372 prescription eye drops, shall not deny coverage for a renewal of
2373 prescription eye drops when (1) the renewal is requested by the
2374 insured less than thirty days from the later of (A) the date the original
2375 prescription was distributed to the insured, or (B) the date the last
2376 renewal of such prescription was distributed to the insured, and (2) the
2377 prescribing physician or advanced practice registered nurse indicates

2378 on the original prescription that additional quantities are needed and
2379 the renewal requested by the insured does not exceed the number of
2380 additional quantities needed.

2381 Sec. 66. Section 38a-520 of the general statutes is repealed and the
2382 following is substituted in lieu thereof (*Effective October 1, 2016*):

2383 (a) Each group health insurance policy providing coverage of the
2384 type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section
2385 38a-469 delivered, issued for delivery, renewed, amended or continued
2386 in this state shall provide coverage providing reimbursement for home
2387 health care to residents in this state.

2388 (b) For the purposes of this section, "hospital" means an institution
2389 which is primarily engaged in providing, by or under the supervision
2390 of physicians, to inpatients (1) diagnostic, surgical and therapeutic
2391 services for medical diagnosis, treatment and care of injured, disabled
2392 or sick persons, or (2) medical rehabilitation services for the
2393 rehabilitation of injured, disabled or sick persons, provided "hospital"
2394 shall not include a residential care home, nursing home, rest home or
2395 alcohol or drug treatment facility, as defined in section 19a-490. For the
2396 purposes of this section and section 38a-494, "home health care" means
2397 the continued care and treatment of a covered person who is under the
2398 care of a physician or an advanced practice registered nurse but only if
2399 (A) continued hospitalization would otherwise have been required if
2400 home health care was not provided, except in the case of a covered
2401 person diagnosed by a physician or an advanced practice registered
2402 nurse as terminally ill with a prognosis of six months or less to live,
2403 and (B) the plan covering the home health care is established and
2404 approved in writing by such physician or advanced practice registered
2405 nurse within seven days following termination of a hospital
2406 confinement as a resident inpatient for the same or a related condition
2407 for which the covered person was hospitalized, except that in the case
2408 of a covered person diagnosed by a physician or an advanced practice
2409 registered nurse as terminally ill with a prognosis of six months or less
2410 to live, such plan may be so established and approved at any time

2411 irrespective of whether such covered person was so confined or, if
2412 such covered person was so confined, irrespective of such seven-day
2413 period, and (C) such home health care is commenced within seven
2414 days following discharge, except in the case of a covered person
2415 diagnosed by a physician or an advanced practice registered nurse as
2416 terminally ill with a prognosis of six months or less to live.

2417 (c) Home health care shall be provided by a home health agency.
2418 The term "home health agency" means an agency or organization
2419 [which] that meets each of the following requirements: (1) It is
2420 primarily engaged in and is federally certified as a home health agency
2421 and duly licensed, if such licensing is required, by the appropriate
2422 licensing authority, to provide nursing and other therapeutic services,
2423 (2) its policies are established by a professional group associated with
2424 such agency or organization, including at least one physician or
2425 advanced practice registered nurse and at least one registered nurse, to
2426 govern the services provided, (3) it provides for full-time supervision
2427 of such services by a physician, an advanced practice registered nurse
2428 or [by] a registered nurse, (4) it maintains a complete medical record
2429 on each patient, and (5) it has an administrator.

2430 (d) Home health care shall consist of, but shall not be limited to, the
2431 following: (1) Part-time or intermittent nursing care by a registered
2432 nurse or by a licensed practical nurse under the supervision of a
2433 registered nurse, if the services of a registered nurse are not available;
2434 (2) part-time or intermittent home health aide services, consisting
2435 primarily of patient care of a medical or therapeutic nature by other
2436 than a registered or licensed practical nurse; (3) physical, occupational
2437 or speech therapy; (4) medical supplies, drugs and medicines
2438 prescribed by a physician, an advanced practice registered nurse or a
2439 physician assistant and laboratory services to the extent such charges
2440 would have been covered under the policy or contract if the covered
2441 person had remained or had been confined in the hospital; (5) medical
2442 social services, as hereinafter defined, provided to or for the benefit of
2443 a covered person diagnosed by a physician or an advanced practice

2444 registered nurse as terminally ill with a prognosis of six months or less
2445 to live. Medical social services are defined to mean services rendered,
2446 under the direction of a physician or an advanced practice registered
2447 nurse by a qualified social worker holding a master's degree from an
2448 accredited school of social work, including but not limited to (A)
2449 assessment of the social, psychological and family problems related to
2450 or arising out of such covered person's illness and treatment; (B)
2451 appropriate action and utilization of community resources to assist in
2452 resolving such problems; (C) participation in the development of the
2453 overall plan of treatment for such covered person.

2454 (e) The policy may contain a limitation on the number of home
2455 health care visits for which benefits are payable, but the number of
2456 such visits shall not be less than eighty in any calendar year or in any
2457 continuous period of twelve months for each person covered under a
2458 policy, except in the case of a covered person diagnosed by a physician
2459 or an advanced practice registered nurse as terminally ill with a
2460 prognosis of six months or less to live, the yearly benefit for medical
2461 social services shall not exceed two hundred dollars. Each visit by a
2462 representative of a home health agency shall be considered as one
2463 home health care visit; four hours of home health aide service shall be
2464 considered as one home health care visit.

2465 (f) Home health care benefits may be subject to an annual deductible
2466 of not more than fifty dollars for each person covered under a policy
2467 and may be subject to a coinsurance provision [which] that provides
2468 for coverage of not less than seventy-five per cent of the reasonable
2469 charges for such services. Such policy may also contain reasonable
2470 limitations and exclusions applicable to home health care coverage. A
2471 "high deductible health plan", as defined in Section 220(c)(2) or Section
2472 223(c)(2) of the Internal Revenue Code of 1986, or any subsequent
2473 corresponding internal revenue code of the United States, as from time
2474 to time amended, used to establish a "medical savings account" or
2475 "Archer MSA" pursuant to Section 220 of said Internal Revenue Code
2476 or a "health savings account" pursuant to Section 223 of said Internal

2477 Revenue Code shall not be subject to the deductible limits set forth in
2478 this subsection.

2479 (g) No policy, except any major medical expense policy as described
2480 in subsection (j), shall be required to provide home health care
2481 coverage to persons eligible for Medicare.

2482 (h) No insurer, hospital service corporation or health care center
2483 shall be required to provide benefits beyond the maximum amount
2484 limits contained in its policy.

2485 (i) If a person is eligible for home health care coverage under more
2486 than one policy, the home health care benefits shall only be provided
2487 by that policy [which] that would have provided the greatest benefits
2488 for hospitalization if the person had remained or had been
2489 hospitalized.

2490 (j) Each major medical expense policy delivered, issued for delivery,
2491 renewed, amended or continued in this state shall provide coverage in
2492 accordance with the provisions of this section for home health care to
2493 residents in this state whose benefits are no longer provided under
2494 Medicare or any applicable individual or group health insurance
2495 policy.

2496 Sec. 67. Section 38a-522 of the general statutes is repealed and the
2497 following is substituted in lieu thereof (*Effective October 1, 2016*):

2498 (a) As used in this section, "Medicare" means the Health Insurance
2499 for the Aged Act, Title XVIII of the Social Security Amendments of
2500 1965, as amended (Title I, Part I of P.L. 89-97); "Medicare supplement
2501 policy" means any group health insurance policy or certificate
2502 delivered or issued for delivery to any resident of the state who is
2503 eligible for Medicare, except any long-term care policy as defined in
2504 section 38a-528.

2505 (b) No insurance company, fraternal benefit society, hospital service
2506 corporation, medical service corporation or health care center may

2507 deliver or issue for delivery any Medicare supplement policy [which]
2508 that has an anticipated loss ratio of less than seventy per cent for any
2509 group Medicare supplement policy except that a minimum anticipated
2510 loss ratio of seventy-five per cent shall be required for any group
2511 Medicare supplement policy defined in Section 1882(g) of Title XVIII of
2512 the Social Security Act, 42 USC 1395ss(g), as amended. No such
2513 company, society, corporation or center may deliver or issue for
2514 delivery any Medicare supplement policy without providing, at the
2515 time of solicitation or application for the purchase or sale of such
2516 coverage, full and fair disclosure of any coverage supplementing or
2517 duplicating Medicare benefits.

2518 (c) Each Medicare supplement policy shall provide coverage for
2519 home health aide services for each individual covered under the policy
2520 when such services are not paid for by Medicare, provided (1) such
2521 services are provided by a certified home health aide employed by a
2522 home health care agency licensed pursuant to sections 19a-490 to 19a-
2523 503, inclusive, and (2) the individual's physician or advanced practice
2524 registered nurse has certified, in writing, that such services are
2525 medically necessary. The policy shall not be required to provide
2526 benefits in excess of five hundred dollars per year for such services. No
2527 deductible or coinsurance provisions may be applicable to such
2528 benefits. If two or more Medicare supplement policies are issued to the
2529 same individual by the same insurer, such coverage for home health
2530 aide services shall be included in only one such policy.
2531 Notwithstanding the provisions of subsection (g) of this section, the
2532 provisions of this subsection shall apply with respect to any Medicare
2533 supplement policy delivered, issued for delivery, continued or
2534 renewed in this state on or after October 1, 1986.

2535 (d) Whenever a Medicare supplement policy provides coverage for
2536 the cost of prescription drugs prescribed after the hospitalization of the
2537 insured, outpatient surgical procedures performed on the insured in
2538 any licensed hospital shall constitute "hospitalization" for purposes of
2539 such prescription drug coverage in such policy.

2540 (e) Notwithstanding the provisions of subsection (g) of this section,
2541 each Medicare supplement policy delivered, issued for delivery,
2542 continued or renewed in this state on or after October 1, 1988, shall
2543 provide benefits, to any woman covered under the policy, for
2544 mammographic examinations every year, or more frequently if
2545 recommended by the woman's physician or advanced practice
2546 registered nurse, when such examinations are not paid for by
2547 Medicare.

2548 (f) The Insurance Commissioner shall adopt such regulations as he
2549 deems necessary in accordance with chapter 54 to carry out the
2550 purposes of this section.

2551 (g) The provisions of this section shall apply with respect to any
2552 Medicare supplement policy delivered, issued for delivery, continued
2553 or renewed in this state on or after October 1, 1987, and prior to the
2554 effective date of any regulations adopted pursuant to section 38a-495a.

2555 Sec. 68. Subsection (a) of section 38a-523 of the 2016 supplement to
2556 the general statutes is repealed and the following is substituted in lieu
2557 thereof (*Effective October 1, 2016*):

2558 (a) For the purposes of this section:

2559 (1) "Comprehensive rehabilitation services" shall consist of the
2560 following when provided in a comprehensive rehabilitation facility
2561 pursuant to a plan of care approved in writing by a physician licensed
2562 in accordance with the provisions of chapter 370 or an advanced
2563 practice registered nurse licensed in accordance with the provisions of
2564 chapter 378 and reviewed by such physician or advanced practice
2565 registered nurse at least every thirty days to determine that
2566 continuation of such services are medically necessary for the
2567 rehabilitation of the patient: (A) Physician services, physical and
2568 occupational therapy, nursing care, psychological and audiological
2569 services and speech therapy provided by health care professionals who
2570 are licensed by the appropriate state licensing authority to perform

2571 such services; (B) social services by a social worker holding a master's
2572 degree from an accredited school of social work; (C) respiratory
2573 therapy by a certified respiratory therapist; (D) prescription drugs and
2574 medicines which cannot be self-administered; (E) prosthetic and
2575 orthotic devices, including the testing, fitting or instruction in the use
2576 of such devices; (F) other supplies or services prescribed by a physician
2577 or an advanced practice registered nurse for the rehabilitation of a
2578 patient and ordinarily furnished by a comprehensive rehabilitation
2579 facility.

2580 (2) "Comprehensive rehabilitation facility" means a facility [which]
2581 that is: (A) Primarily engaged in providing diagnostic, therapeutic and
2582 restorative services through such licensed health care professionals to
2583 injured, ill or disabled individuals solely on an outpatient basis and (B)
2584 accredited for the provision of such services by the Commission on
2585 Accreditation for Rehabilitation Facilities or the Professional Services
2586 Board of the American Speech-Language Hearing Association.

2587 Sec. 69. Subsection (a) of section 38a-524 of the general statutes is
2588 repealed and the following is substituted in lieu thereof (*Effective*
2589 *October 1, 2016*):

2590 (a) For the purposes of this section:

2591 (1) "Occupational therapy" means services provided by a licensed
2592 occupational therapist in accordance with a plan of care established
2593 and approved in writing by a physician licensed in accordance with
2594 the provisions of chapter 370 or an advanced practice registered nurse
2595 licensed in accordance with the provisions of chapter 378, who has
2596 certified that the prescribed care and treatment are not available from
2597 sources other than a licensed occupational therapist and which are
2598 provided in private practice or in a licensed health care facility. Such
2599 plan shall be reviewed and certified at least every two months by such
2600 physician or advanced practice registered nurse.

2601 (2) "Health care facility" means an institution which provides

2602 occupational therapy, including, but not limited to, an outpatient
2603 clinic, a rehabilitative agency and a skilled or intermediate nursing
2604 facility.

2605 (3) "Rehabilitative agency" means an agency which provides an
2606 integrated multitreatment program designed to upgrade the function
2607 of handicapped disabled individuals by bringing together, as a team,
2608 specialized personnel from various allied health fields.

2609 (4) "Partial hospitalization" means a formal program of care
2610 provided in a hospital or facility for periods of less than twenty-four
2611 hours a day.

2612 Sec. 70. Subsection (b) of section 42-282 of the general statutes is
2613 repealed and the following is substituted in lieu thereof (*Effective*
2614 *October 1, 2016*):

2615 (b) Each diet program contract shall provide the consumer with (1)
2616 the right to cancel such contract, without liability, within three
2617 business days after the date of receipt by the consumer of a copy of the
2618 signed contract; (2) the estimated duration of the diet program
2619 necessary to achieve the desired weight loss and all estimated costs of
2620 the contract, including, but not limited to, the contract price and the
2621 estimated monthly cost of any goods or services required to be
2622 purchased under the contract; (3) a list of dietitian-nutritionists,
2623 advanced practice registered nurses, registered nurses, physicians or
2624 physician assistants employed by or under contract with the diet
2625 company who are licensed or certified by the Commissioner of Public
2626 Health and who monitor the consumer during the diet program; and
2627 (4) the right to cancel the contract if (A) the consumer provides a letter
2628 from a licensed physician or a licensed advanced practice registered
2629 nurse indicating that continuation of the diet program is adverse to the
2630 health of the consumer or (B) the consumer relocates his residence
2631 further than twenty-five miles from any facility which the consumer is
2632 required to attend under the diet program. If a diet program contract is
2633 cancelled by the consumer pursuant to subdivision (4) of this

2634 subsection, the consumer shall be reimbursed on a pro-rata basis for
2635 the portion of the contract price paid by the consumer that is
2636 attributable to the unused contract period.

2637 Sec. 71. Subsection (i) of section 47-88b of the general statutes is
2638 repealed and the following is substituted in lieu thereof (*Effective*
2639 *October 1, 2016*):

2640 (i) After the conversion of a dwelling unit in a building to
2641 condominium ownership, the declarant or unit owner, for the purpose
2642 of determining if a lessee's eviction is prohibited under subsection (b)
2643 of section 47a-23c, may ask any lessee to provide proof of the age,
2644 blindness or physical disability of such lessee or any person residing
2645 with him, or of the familial relationship existing between such lessee
2646 and any person residing with him. The lessee shall provide such proof,
2647 including a statement of a physician or an advanced practice registered
2648 nurse in the case of alleged blindness or physical disability, within
2649 thirty days.

2650 Sec. 72. Subsection (d) of section 47a-23c of the general statutes is
2651 repealed and the following is substituted in lieu thereof (*Effective*
2652 *October 1, 2016*):

2653 (d) A landlord, to determine whether a tenant is a protected tenant,
2654 may request proof of such protected status. On such request, any
2655 tenant claiming protection shall provide proof of the protected status
2656 within thirty days. The proof shall include a statement of a physician
2657 or an advanced practice registered nurse in the case of alleged
2658 blindness or other physical disability.

2659 Sec. 73. Subsection (c) of section 51-217 of the 2016 supplement to
2660 the general statutes is repealed and the following is substituted in lieu
2661 thereof (*Effective October 1, 2016*):

2662 (c) The Jury Administrator shall have the authority to establish and
2663 maintain a list of persons to be excluded from the summoning process,
2664 which shall consist of (1) persons who are disqualified from serving on

2665 jury duty on a permanent basis due to a disability for which a licensed
2666 physician or an advanced practice registered nurse has submitted a
2667 letter stating the physician's or advanced practice registered nurse's
2668 opinion that such disability permanently prevents the person from
2669 rendering satisfactory jury service, (2) persons seventy years of age or
2670 older who have requested not to be summoned, (3) elected officials
2671 enumerated in subdivision (4) of subsection (a) of this section and
2672 judges enumerated in subdivision (5) of subsection (a) of this section
2673 during their term of office, and (4) persons excused from jury service
2674 pursuant to section 51-217a who have not requested to be summoned
2675 for jury service pursuant to said section. Persons requesting to be
2676 excluded pursuant to subdivisions (1) and (2) of this subsection must
2677 provide the Jury Administrator with their names, addresses, dates of
2678 birth and federal Social Security numbers for use in matching. The
2679 request to be excluded may be rescinded at any time with written
2680 notice to the Jury Administrator.

2681 Sec. 74. Section 54-204 of the general statutes is repealed and the
2682 following is substituted in lieu thereof (*Effective October 1, 2016*):

2683 (a) Any person who may be eligible for compensation or restitution
2684 services, or both, pursuant to sections 54-201 to 54-233, inclusive, may
2685 make application therefor to the Office of Victim Services. If the person
2686 entitled to make application is a minor or incompetent person, the
2687 application may be made on such person's behalf by a parent,
2688 guardian or other legal representative of the minor or incompetent
2689 person.

2690 (b) In order to be eligible for compensation or restitution services
2691 under sections 54-201 to 54-233, inclusive, the applicant shall prior to a
2692 determination on any application made pursuant to sections 54-201 to
2693 54-233, inclusive, submit reports if reasonably available from all
2694 physicians or surgeons or advanced practice registered nurses who
2695 have treated or examined the victim in relation to the injury for which
2696 compensation is claimed at the time of or subsequent to the victim's
2697 injury or death. If in the opinion of the Office of Victim Services or, on

2698 review, a victim compensation commissioner, reports on the previous
 2699 medical history of the victim, examination of the injured victim and a
 2700 report thereon or a report on the cause of death of the victim by an
 2701 impartial medical expert would be of material aid to its just
 2702 determination, said office or commissioner shall order such reports
 2703 and examinations. Any information received which is confidential in
 2704 accordance with any provision of the general statutes shall remain
 2705 confidential while in the custody of the Office of Victim Services or a
 2706 victim compensation commissioner.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2016</i>	1-350i(b)
Sec. 2	<i>October 1, 2016</i>	3-39j
Sec. 3	<i>October 1, 2016</i>	3-123aa(b)
Sec. 4	<i>October 1, 2016</i>	5-248a(c) and (d)
Sec. 5	<i>October 1, 2016</i>	10-183b(16)
Sec. 6	<i>October 1, 2016</i>	10-212a(e) and (f)
Sec. 7	<i>October 1, 2016</i>	10-220j
Sec. 8	<i>October 1, 2016</i>	10-305
Sec. 9	<i>October 1, 2016</i>	14-44(b)
Sec. 10	<i>October 1, 2016</i>	14-73(b)
Sec. 11	<i>October 1, 2016</i>	14-100a(c)(2)
Sec. 12	<i>October 1, 2016</i>	14-286(c)
Sec. 13	<i>October 1, 2016</i>	14-314c
Sec. 14	<i>October 1, 2016</i>	17b-261p(f)
Sec. 15	<i>October 1, 2016</i>	18-94
Sec. 16	<i>October 1, 2016</i>	19a-12e(h)
Sec. 17	<i>October 1, 2016</i>	19a-262
Sec. 18	<i>October 1, 2016</i>	19a-535
Sec. 19	<i>October 1, 2016</i>	19a-550
Sec. 20	<i>October 1, 2016</i>	19a-571
Sec. 21	<i>October 1, 2016</i>	19a-580d
Sec. 22	<i>October 1, 2016</i>	19a-582(d)
Sec. 23	<i>October 1, 2016</i>	19a-592
Sec. 24	<i>October 1, 2016</i>	20-7h
Sec. 25	<i>October 1, 2016</i>	19a-580
Sec. 26	<i>October 1, 2016</i>	20-14m

Sec. 27	<i>October 1, 2016</i>	20-162n
Sec. 28	<i>October 1, 2016</i>	20-206q
Sec. 29	<i>October 1, 2016</i>	20-206jj
Sec. 30	<i>October 1, 2016</i>	20-41a(e)
Sec. 31	<i>October 1, 2016</i>	20-73b(c)
Sec. 32	<i>October 1, 2016</i>	20-74ff(f)
Sec. 33	<i>October 1, 2016</i>	20-126c(f)
Sec. 34	<i>October 1, 2016</i>	20-126l(i)
Sec. 35	<i>October 1, 2016</i>	20-132a(e)
Sec. 36	<i>October 1, 2016</i>	20-162r(e)
Sec. 37	<i>October 1, 2016</i>	20-191c(d)
Sec. 38	<i>October 1, 2016</i>	20-201a(f)
Sec. 39	<i>October 1, 2016</i>	20-206bb(e)(3)
Sec. 40	<i>October 1, 2016</i>	20-395d(f)
Sec. 41	<i>October 1, 2016</i>	20-402(b)(3)
Sec. 42	<i>October 1, 2016</i>	20-411a(f)
Sec. 43	<i>October 1, 2016</i>	21a-217
Sec. 44	<i>October 1, 2016</i>	21a-218(a) to (c)
Sec. 45	<i>October 1, 2016</i>	21a-246(a)
Sec. 46	<i>October 1, 2016</i>	21a-253
Sec. 47	<i>October 1, 2016</i>	21a-408
Sec. 48	<i>October 1, 2016</i>	21a-408a(a)
Sec. 49	<i>October 1, 2016</i>	21a-408c
Sec. 50	<i>October 1, 2016</i>	21a-408d
Sec. 51	<i>October 1, 2016</i>	21a-408m(a)
Sec. 52	<i>October 1, 2016</i>	21a-408n
Sec. 53	<i>October 1, 2016</i>	22a-616(b)
Sec. 54	<i>October 1, 2016</i>	26-29a
Sec. 55	<i>October 1, 2016</i>	26-29b
Sec. 56	<i>October 1, 2016</i>	27-140ee
Sec. 57	<i>October 1, 2016</i>	29-143t
Sec. 58	<i>October 1, 2016</i>	31-40a
Sec. 59	<i>October 1, 2016</i>	38a-489
Sec. 60	<i>October 1, 2016</i>	38a-492m
Sec. 61	<i>October 1, 2016</i>	38a-493
Sec. 62	<i>October 1, 2016</i>	38a-495
Sec. 63	<i>October 1, 2016</i>	38a-496(a)
Sec. 64	<i>October 1, 2016</i>	38a-515
Sec. 65	<i>October 1, 2016</i>	38a-518l
Sec. 66	<i>October 1, 2016</i>	38a-520

Sec. 67	October 1, 2016	38a-522
Sec. 68	October 1, 2016	38a-523(a)
Sec. 69	October 1, 2016	38a-524(a)
Sec. 70	October 1, 2016	42-282(b)
Sec. 71	October 1, 2016	47-88b(i)
Sec. 72	October 1, 2016	47a-23c(d)
Sec. 73	October 1, 2016	51-217(c)
Sec. 74	October 1, 2016	54-204

Statement of Legislative Commissioners:

In Section 11(c)(2)(A), "or an advanced" was changed to "or a licensed advanced" for internal consistency; in three places in Section 22(d)(5), "his" was changed to "his or her" for internal and statutory consistency; in Section 22(d)(8), "he" was changed to "he or she" for internal and statutory consistency; in Section 27(b), "said physician" was changed to "[said] such physician" for consistency with the drafting conventions of the general statutes; in Section 18(b)(1) and (e), Section 61(c), (f) and (i), Section 62(b), Section 66(c), (f) and (i), and Section 68(a)(2), "which" was changed to "[which] that" for internal consistency; in Section 26(a)(2), in three places in Section 28, and in Section 57(b), "or advanced practice" was changed to "or an advanced practice" for internal consistency.

PH *Joint Favorable Subst.*