



# House of Representatives

General Assembly

**File No. 61**

February Session, 2016

House Bill No. 5267

*House of Representatives, March 21, 2016*

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

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL CORRECTIONS TO THE PUBLIC HEALTH STATUTES.***

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

1 Section 1. Subdivision (10) of subsection (b) of section 17a-22j of the  
2 2016 supplement to the general statutes is repealed and the following  
3 is substituted in lieu thereof (*Effective from passage*):

4 (10) Ten nonvoting ex-officio members, one each appointed by the  
5 Commissioner of Social Services, the Commissioner of Children and  
6 Families, the Commissioner of Mental Health and Addiction Services,  
7 the Commissioner of Developmental Services, the Commissioner of  
8 Education and the Commissioner of Public Health to represent his or  
9 her department, one appointed by the Chief Court Administrator of  
10 the Judicial Branch to represent the Court Support Services Division  
11 and one each appointed by the State Comptroller, the Secretary of the  
12 Office of Policy and Management, and the Healthcare Advocate to  
13 represent his or her [offices] office; and

14 Sec. 2. Subsection (b) of section 17a-667 of the 2016 supplement to  
15 the general statutes is repealed and the following is substituted in lieu  
16 thereof (*Effective from passage*):

17 (b) The council shall consist of the following members: (1) The  
18 Secretary of the Office of Policy and Management, or the secretary's  
19 designee; (2) the Commissioners of Children and Families, Consumer  
20 Protection, Correction, Education, Mental Health and Addiction  
21 Services, Public Health, Emergency Services and Public Protection and  
22 Social Services, the Commissioner on Aging, and the Insurance  
23 Commissioner, or their designees; (3) the Chief Court Administrator,  
24 or the Chief Court Administrator's designee; (4) the chairperson of the  
25 Board of Regents for Higher Education, or the chairperson's designee;  
26 (5) the president of The University of Connecticut, or the president's  
27 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's  
28 designee; (7) the Chief Public Defender, or the Chief Public Defender's  
29 designee; and (8) the cochairpersons and ranking members of the joint  
30 standing committees of the General Assembly having cognizance of  
31 matters relating to public health, criminal justice and appropriations,  
32 or their designees. The Commissioner of Mental Health and Addiction  
33 Services and the Commissioner of Children and Families shall be  
34 cochairpersons of the council and may jointly appoint up to seven  
35 individuals to the council as follows: (A) Two individuals in recovery  
36 from a substance use disorder or representing an advocacy group for  
37 individuals with a substance use disorder; (B) a provider of  
38 community-based substance abuse services for adults; (C) a provider  
39 of community-based substance abuse services for adolescents; (D) an  
40 addiction medicine physician; (E) a family member of an individual in  
41 recovery from a substance use disorder; and (F) an emergency  
42 medicine physician currently practicing in a Connecticut hospital.

43 Sec. 3. Subsections (g) and (h) of section 19a-12e of the 2016  
44 supplement to the general statutes are repealed and the following is  
45 substituted in lieu thereof (*Effective from passage*):

46 (g) The department shall investigate each petition filed pursuant to

47 this section, in accordance with the provisions of subdivisions (10) and  
48 (11) of subsection (a) of section 19a-14, to determine if probable cause  
49 exists to issue a statement of charges and to institute proceedings  
50 against the health care professional under subsection (j) of this section.  
51 Such investigation shall be concluded not later than eighteen months  
52 after the date the petition is filed with the department and, unless  
53 otherwise specified by this subsection, the record of such investigation  
54 shall be deemed a public record, in accordance with section 1-210, at  
55 the conclusion of such eighteen-month period. Any such investigation  
56 shall be confidential prior to the conclusion of such eighteen-month  
57 period and no person shall disclose his or her knowledge of such  
58 investigation to a third party unless the health care professional  
59 requests that such investigation and disclosure be open, except the  
60 department shall provide information to the person who filed the  
61 petition as provided in subdivision (12) of subsection (a) of section 19a-  
62 14. If the department determines that probable cause exists to issue a  
63 statement of charges, the entire record of such proceeding shall be  
64 public unless the department determines that the health care  
65 professional is an appropriate candidate for participation in the  
66 assistance program. If at any time subsequent to the filing of a petition  
67 and during the eighteen-month period following the filing of the  
68 petition, the department makes a finding of no probable cause, the  
69 petition and the entire record of such investigation shall remain  
70 confidential, except as provided in subdivision (12) of subsection (a) of  
71 section 19a-14, unless the health care professional requests that such  
72 petition and record be open.

73 (h) As part of an investigation of a petition filed pursuant to this  
74 section, the department may order the health care professional to  
75 submit to a physical or mental examination to be performed by a  
76 physician chosen from a list approved by the department. The  
77 department may seek the advice of established medical organizations  
78 or licensed health care professionals in determining the nature and  
79 scope of any diagnostic examinations to be used as part of any such  
80 physical or mental examination. The chosen physician shall make a  
81 written statement of his or her findings.

82 Sec. 4. Subdivision (10) of section 19a-177 of the 2016 supplement to  
83 the general statutes is repealed and the following is substituted in lieu  
84 thereof (*Effective from passage*):

85 (10) Research, develop, track and report on appropriate quantifiable  
86 outcome measures for the state's emergency medical service system  
87 and submit to the joint standing committee of the General Assembly  
88 having cognizance of matters relating to public health, in accordance  
89 with the provisions of section 11-4a, on or before July 1, 2002, and  
90 annually thereafter, a report on the progress toward the development  
91 of such outcome measures and, after such outcome measures are  
92 developed, an analysis of emergency medical [services] service system  
93 outcomes;

94 Sec. 5. Subsection (a) of section 19a-181 of the 2016 supplement to  
95 the general statutes is repealed and the following is substituted in lieu  
96 thereof (*Effective from passage*):

97 (a) In addition to the inspection required under subsection (b) of this  
98 section, each ambulance and invalid coach used by an emergency  
99 medical service organization shall be inspected to verify such  
100 ambulance or invalid coach has met the minimum standards  
101 prescribed by the Commissioner of Public Health. Such inspection  
102 shall be conducted (1) in accordance with 49 CFR 396.17, as amended  
103 from time to time, and (2) by a person (A) qualified to perform such  
104 inspection in accordance with 49 CFR 396.19 and 49 CFR 396.25, as  
105 amended from time to time, and (B) employed by the state or a  
106 municipality of the state or licensed in accordance with section 14-52.  
107 A record of each inspection shall be made in accordance with section  
108 49 CFR 396.21, as amended from time to time. Each inspector, upon  
109 determining that such ambulance or invalid coach meets the standards  
110 of safety and equipment prescribed by the Commissioner of Public  
111 Health, shall provide notification to the emergency medical [services]  
112 service organization in such manner and form as said commissioner  
113 designates. The Commissioner of Public Health shall affix a safety  
114 certificate sticker in the rear compartment of such ambulance or

115 invalid coach in a location readily visible to any person.

116 Sec. 6. Subsection (a) of section 19a-486d of the 2016 supplement to  
117 the general statutes is repealed and the following is substituted in lieu  
118 thereof (*Effective from passage*):

119 (a) The commissioner shall deny an application filed pursuant to  
120 [subsection (d) of] section 19a-486a unless the commissioner finds that:  
121 (1) In a situation where the asset or operation to be transferred  
122 provides or has provided health care services to the uninsured or  
123 underinsured, the purchaser has made a commitment to provide  
124 health care to the uninsured and the underinsured; (2) in a situation  
125 where health care providers or insurers will be offered the opportunity  
126 to invest or own an interest in the purchaser or an entity related to the  
127 purchaser safeguard procedures are in place to avoid a conflict of  
128 interest in patient referral; and (3) certificate of need authorization is  
129 justified in accordance with chapter 368z. The commissioner may  
130 contract with any person, including, but not limited to, financial or  
131 actuarial experts or consultants, or legal experts with the approval of  
132 the Attorney General, to assist in reviewing the completed application.  
133 The commissioner shall submit any bills for such contracts to the  
134 purchaser. Such bills shall not exceed one hundred fifty thousand  
135 dollars. The purchaser shall pay such bills no later than thirty days  
136 after the date of receipt of such bills.

137 Sec. 7. Subdivision (6) of subsection (a) of section 19a-904d of the  
138 2016 supplement to the general statutes is repealed and the following  
139 is substituted in lieu thereof (*Effective from passage*):

140 (6) "Health information blocking" means (A) knowingly interfering  
141 with or knowingly engaging in business practices or other conduct that  
142 is reasonably likely to interfere with the ability of patients, health care  
143 providers or other authorized persons to access, exchange or use  
144 electronic health records, or (B) knowingly using an electronic health  
145 record system to both (i) steer patient referrals to affiliated providers,  
146 and (ii) prevent or unreasonably interfere with patient referrals to  
147 health care providers who are not affiliated providers but shall not

148 include legitimate referrals between providers participating in an  
149 accountable care [organizations] organization or similar value-based  
150 collaborative care [models] model;

151 Sec. 8. Subsection (b) of section 20-10b of the 2016 supplement to the  
152 general statutes is repealed and the following is substituted in lieu  
153 thereof (*Effective from passage*):

154 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
155 this section, a licensee applying for license renewal shall earn a  
156 minimum of fifty contact hours of continuing medical education  
157 within the preceding twenty-four-month period. Such continuing  
158 medical education shall (1) be in an area of the physician's practice; (2)  
159 reflect the professional needs of the licensee in order to meet the health  
160 care needs of the public; and (3) during the first renewal period in  
161 which continuing medical education is required and not less than once  
162 every six years thereafter, include at least one contact hour of training  
163 or education in each of the following topics: (A) Infectious diseases,  
164 including, but not limited to, acquired immune deficiency syndrome  
165 and human immunodeficiency virus, (B) risk management, including,  
166 but not limited to, for registration periods beginning on or after  
167 October 1, 2015, prescribing controlled substances and pain  
168 management, (C) sexual assault, (D) domestic violence, (E) cultural  
169 competency, and (F) behavioral health, provided further that on and  
170 after January 1, 2016, such behavioral health continuing medical  
171 education may include, but not be limited to, at least two contact hours  
172 of training or education during the first renewal period in which  
173 continuing education is required and not less than once every six years  
174 thereafter, on the topic of mental health conditions common to  
175 veterans and family members of veterans, including (i) determining  
176 whether a patient is a veteran or family member of a veteran, (ii)  
177 screening for conditions such as post-traumatic stress disorder, risk of  
178 suicide, depression and grief, and (iii) suicide prevention training. For  
179 purposes of this section, qualifying continuing medical education  
180 activities include, but are not limited to, courses offered or approved  
181 by the American Medical Association, American Osteopathic Medical

182 Association, Connecticut Hospital Association, Connecticut State  
183 Medical Society, county medical societies or equivalent organizations  
184 in another jurisdiction, educational offerings sponsored by a hospital  
185 or other health care institution or courses offered by a regionally  
186 accredited academic institution or a state or local health department.  
187 The commissioner, or the commissioner's designee, may grant a  
188 waiver for not more than ten contact hours of continuing medical  
189 education for a physician who: [(i)] (I) Engages in activities related to  
190 the physician's service as a member of the Connecticut Medical  
191 Examining Board, established pursuant to section 20-8a; [(ii)] (II)  
192 engages in activities related to the physician's service as a member of a  
193 medical hearing panel, pursuant to section 20-8a; or [(iii)] (III) assists  
194 the department with its duties to boards and commissions as described  
195 in section 19a-14.

196 Sec. 9. Section 20-101 of the 2016 supplement to the general statutes  
197 is repealed and the following is substituted in lieu thereof (*Effective*  
198 *from passage*):

199 No provision of this chapter shall confer any authority to practice  
200 medicine or surgery nor shall this chapter prohibit any person from  
201 the domestic administration of family remedies or the furnishing of  
202 assistance in the case of an emergency; nor shall it be construed as  
203 prohibiting persons employed in state hospitals and state sanatoriums  
204 and subsidiary workers in general hospitals from assisting in the  
205 nursing care of patients if adequate medical and nursing supervision is  
206 provided; nor shall it be construed to prohibit the administration of  
207 medications by dialysis patient care technicians in accordance with  
208 section 19a-269a; nor shall it be construed to prohibit a personal care  
209 assistant employed by a homemaker-companion agency registered  
210 pursuant to section 20-671 from administering medications to a  
211 competent adult who directs his or her own care and makes his or her  
212 own decisions pertaining to assessment, planning and evaluation; nor  
213 shall it be construed as prohibiting students who are enrolled in  
214 schools of nursing approved pursuant to section 20-90, and students  
215 who are enrolled in schools for licensed practical nurses approved

216 pursuant to section 20-90, from performing such work as is incidental  
217 to their respective courses of study; nor shall it prohibit a registered  
218 nurse who holds a master's degree in nursing or in a related field  
219 recognized for certification as either a nurse practitioner, a clinical  
220 nurse specialist, or a nurse anesthetist by one of the certifying bodies  
221 identified in section 20-94a from practicing for a period not to exceed  
222 one hundred twenty days after the date of graduation, provided such  
223 graduate advanced practice registered nurse is working in a hospital  
224 or other organization under the supervision of a licensed physician or  
225 a licensed advanced practice registered nurse, such hospital or other  
226 organization has verified that the graduate advanced practice  
227 registered nurse has applied to sit for the national certification  
228 examination and the graduate advanced practice registered nurse is  
229 not authorized to prescribe or dispense drugs; nor shall it prohibit  
230 graduates of schools of nursing or schools for licensed practical nurses  
231 approved pursuant to section 20-90, from nursing the sick for a period  
232 not to exceed ninety calendar days after the date of graduation,  
233 provided such graduate nurses are working in hospitals or  
234 organizations where adequate supervision is provided, and such  
235 hospital or other organization has verified that the graduate nurse has  
236 successfully completed a nursing program. Upon notification that the  
237 graduate nurse has failed the licensure examination or that the  
238 graduate advanced practice registered nurse has failed the certification  
239 examination, all privileges under this section shall automatically cease.  
240 No provision of this chapter shall prohibit (1) any registered nurse  
241 who has been issued a temporary permit by the department, pursuant  
242 to subsection (b) of section 20-94, from caring for the sick pending the  
243 issuance of a license without examination; (2) any licensed practical  
244 nurse who has been issued a temporary permit by the department,  
245 pursuant to subsection (b) of section 20-97, from caring for the sick  
246 pending the issuance of a license without examination; (3) any  
247 qualified registered nurse or any qualified licensed practical nurse [of]  
248 from another state from caring for a patient temporarily in this state  
249 for not longer than seventy-two hours, provided such nurse shall not  
250 represent or hold himself or herself out as a nurse licensed to practice

251 in this state; (4) any qualified registered nurse or any qualified licensed  
252 practical nurse [of] from another state from caring for a patient longer  
253 than seventy-two hours, provided such nurse (A) has been issued a  
254 temporary permit by the department, and (B) shall not represent or  
255 hold himself or herself out as a nurse licensed to practice in this state;  
256 (5) registered nurses or licensed practical nurses from other states from  
257 doing such nursing as is incident to their course of study when taking  
258 postgraduate courses in this state; or (6) nursing or care of the sick,  
259 with or without compensation or personal profit, in connection with  
260 the practice of the religious tenets of any church by adherents thereof,  
261 provided such persons shall not otherwise engage in the practice of  
262 nursing within the meaning of this chapter. This chapter shall not  
263 prohibit the care of persons in their homes by domestic servants,  
264 housekeepers, nursemaids, companions, attendants or household aides  
265 of any type, whether employed regularly or because of an emergency  
266 of illness, if such persons are not initially employed in a nursing  
267 capacity. This chapter shall not prohibit unlicensed assistive personnel  
268 from administering jejunostomy and gastrojejunal tube feedings to  
269 persons who (A) attend day programs or respite centers under the  
270 jurisdiction of the Department of Developmental Services, (B) reside in  
271 residential facilities under the jurisdiction of the Department of  
272 Developmental Services, or (C) receive support under the jurisdiction  
273 of the Department of Developmental Services, when such feedings are  
274 performed by trained, unlicensed assistive personnel pursuant to the  
275 written order of a physician licensed under chapter 370, an advanced  
276 practice registered nurse licensed to prescribe in accordance with  
277 section 20-94a or a physician assistant licensed to prescribe in  
278 accordance with section 20-12d.

279 Sec. 10. Subdivision (4) of subsection (e) of section 20-206bb of the  
280 2016 supplement to the general statutes is repealed and the following  
281 is substituted in lieu thereof (*Effective from passage*):

282 (4) A licensee whose license has become void pursuant to section  
283 19a-88 and who applies to the department for reinstatement of such  
284 license [,] shall submit evidence documenting valid acupuncture

285 certification by the National Certification Commission for  
286 Acupuncture and Oriental Medicine or successful completion of fifteen  
287 contact hours of continuing education within the one-year period  
288 immediately preceding application for reinstatement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17a-22j(b)(10)
Sec. 2	<i>from passage</i>	17a-667(b)
Sec. 3	<i>from passage</i>	19a-12e(g) and (h)
Sec. 4	<i>from passage</i>	19a-177(10)
Sec. 5	<i>from passage</i>	19a-181(a)
Sec. 6	<i>from passage</i>	19a-486d(a)
Sec. 7	<i>from passage</i>	19a-904d(a)(6)
Sec. 8	<i>from passage</i>	20-10b(b)
Sec. 9	<i>from passage</i>	20-101
Sec. 10	<i>from passage</i>	20-206bb(e)(4)

**PH**            *Joint Favorable*

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

***OFA Fiscal Note******State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill, which makes technical changes to various public health statutes, does not result in a fiscal impact to the state, or municipalities.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

**OLR Bill Analysis**

**HB 5267**

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL CORRECTIONS TO THE PUBLIC HEALTH STATUTES.***

**SUMMARY:**

This bill makes technical corrections to various public health statutes.

EFFECTIVE DATE: Upon passage

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/07/2016)