



House of Representatives

File No. 693

General Assembly

February Session, 2016

(Reprint of File No. 61)

House Bill No. 5267
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 21, 2016

**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2 2016 supplement to the general statutes is repealed and the following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15 the general statutes is repealed and the following is substituted in lieu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.

289 Sec. 11. Subdivision (1) of subsection (e) of section 19a-639 of the
290 2016 supplement to the general statutes is repealed and the following
291 is substituted in lieu thereof (*Effective from passage*):

292 (e) (1) If the certificate of need application (A) involves the transfer
293 of ownership of a hospital, (B) [the] involves a purchaser that is a
294 hospital, as defined in section 19a-490, whether located within or
295 outside the state, that had net patient revenue for fiscal year 2013 in an
296 amount greater than one billion five hundred million dollars or a
297 hospital system, as defined in section 19a-486i, whether located within
298 or outside the state, that had net patient revenue for fiscal year 2013 in
299 an amount greater than one billion five hundred million dollars, or any
300 person that is organized or operated for profit, and (C) such
301 application is approved, the office shall hire an independent consultant
302 to serve as a post-transfer compliance reporter for a period of three
303 years after completion of the transfer of ownership of the hospital.
304 Such reporter shall, at a minimum: (i) Meet with representatives of the
305 purchaser, the new hospital and members of the affected community
306 served by the new hospital not less than quarterly; and (ii) report to
307 the office not less than quarterly concerning (I) efforts the purchaser
308 and representatives of the new hospital have taken to comply with any
309 conditions the office placed on the approval of the certificate of need
310 application and plans for future compliance, and (II) community
311 benefits and uncompensated care provided by the new hospital. The
312 purchaser shall give the reporter access to its records and facilities for
313 the purposes of carrying out the reporter's duties. The purchaser shall
314 hold a public hearing in the municipality in which the new hospital is
315 located not less than annually during the reporting period to provide

316 for public review and comment on the reporter's reports and findings.

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)
Sec. 11	<i>from passage</i>	19a-639(e)(1)

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.

House "A" made a clarifying change to an existing statute and did 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 (as amended by House "A")*

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.

*House Amendment "A" makes an additional technical correction.

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/07/2016)