



General Assembly

Amendment

February Session, 2016

LCO No. 5611



Offered by:

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To: Subst. House Bill No. 5537

File No. 535

Cal. No. 337

"AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES."

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- 1 In line 55, bracket "person" and after the closing bracket insert
2 "individual"
- 3 In line 56, before "370" insert "368v,"
- 4 In line 57, bracket "381a" and after the closing bracket insert "381b"
- 5 In line 57, bracket "398 or 399" and after the closing bracket insert
6 "388 or 397a to 399, inclusive"
- 7 In line 245, before "infection" insert "for registration periods
8 beginning on and after October 1, 2016,"
- 9 In line 273, strike "but not limited to" and insert in lieu thereof "for
10 registration periods beginning on and after October 1, 2016"

11 Strike section 13 and renumber the remaining sections and internal
12 references accordingly

13 In line 698, strike "twenty-four hours" and insert in lieu thereof "the
14 end of the next business day"

15 In line 712, insert an opening bracket before the comma

16 In line 713, insert a closing bracket after the comma

17 In line 714, strike "twenty-"

18 In line 715, strike "four hours" and insert in lieu thereof "the end of
19 the next business day"

20 In line 782, after "physician", insert "or advanced practice registered
21 nurse"

22 In line 786, after "physician" insert "or advanced practice registered
23 nurse"

24 In line 788, after "physician", insert "or advanced practice registered
25 nurse"

26 After the last section, add the following and renumber sections and
27 internal references accordingly:

28 "Sec. 501. Subsections (a) and (b) of section 19a-492e of the general
29 statutes are repealed and the following is substituted in lieu thereof
30 (*Effective October 1, 2016*):

31 (a) For purposes of this section "home health care agency" has the
32 same meaning as provided in section 19a-490, as amended by this act.
33 Notwithstanding the provisions of chapter 378, a registered nurse may
34 delegate the administration of medications that are not administered
35 by injection to homemaker-home health aides who have obtained
36 certification and recertification every three years thereafter for
37 medication administration in accordance with regulations adopted
38 pursuant to subsection (b) of this section, unless the prescribing

39 practitioner specifies that a medication shall only be administered by a
40 licensed nurse.

41 (b) (1) The Commissioner of Public Health shall adopt regulations,
42 in accordance with the provisions of chapter 54, to carry out the
43 provisions of this section. Such regulations shall require each home
44 health care agency that serves clients requiring assistance with
45 medication administration to (A) adopt practices that increase and
46 encourage client choice, dignity and independence; (B) establish
47 policies and procedures to ensure that a registered nurse may delegate
48 allowed tasks of nursing care, to include medication administration, to
49 homemaker-home health aides when the registered nurse determines
50 that it is in the best interest of the client and the homemaker-home
51 health aide has been deemed competent to perform the task; (C)
52 designate homemaker-home health aides to obtain certification and
53 recertification for the administration of medication; and (D) ensure that
54 such homemaker-home health aides receive such certification and
55 recertification.

56 (2) The regulations shall establish certification and recertification
57 requirements for medication administration and the criteria to be used
58 by home health care agencies that provide services for clients requiring
59 assistance with medication administration in determining (A) which
60 homemaker-home health aides shall obtain such certification and
61 recertification, and (B) education and skill training requirements,
62 including ongoing training requirements for such certification and
63 recertification.

64 (3) Education and skill training requirements for initial certification
65 and recertification shall include, but not be limited to, initial
66 orientation, training in client rights and identification of the types of
67 medication that may be administered by unlicensed personnel,
68 behavioral management, personal care, nutrition and food safety, and
69 health and safety in general.

70 Sec. 502. Subsections (a) and (b) of section 19a-495a of the general

71 statutes are repealed and the following is substituted in lieu thereof
72 (*Effective October 1, 2016*):

73 (a) (1) The Commissioner of Public Health shall adopt regulations,
74 as provided in subsection (d) of this section, to require each residential
75 care home, as defined in section 19a-490, as amended by this act, that
76 admits residents requiring assistance with medication administration,
77 to (A) designate unlicensed personnel to obtain certification for the
78 administration of medication, and (B) to ensure that such unlicensed
79 personnel receive such certification and recertification every three
80 years thereafter.

81 (2) The regulations shall establish criteria to be used by such homes
82 in determining (A) the appropriate number of unlicensed personnel
83 who shall obtain such certification and recertification, and (B) training
84 requirements, including [on-going] ongoing training requirements for
85 such certification and recertification.

86 (3) Training requirements for initial certification and recertification
87 shall include, but shall not be limited to: Initial orientation, resident
88 rights, identification of the types of medication that may be
89 administered by unlicensed personnel, behavioral management,
90 personal care, nutrition and food safety, and health and safety in
91 general.

92 (b) Each residential care home, as defined in section 19a-490, as
93 amended by this act, shall ensure that, on or before January 1, 2010, an
94 appropriate number of unlicensed personnel, as determined by the
95 residential care home, obtain certification and recertification for the
96 administration of medication. Certification and recertification of such
97 personnel shall be in accordance with regulations adopted pursuant to
98 this section. Unlicensed personnel obtaining such certification and
99 recertification may administer medications that are not administered
100 by injection to residents of such homes, unless a resident's physician
101 specifies that a medication only be administered by licensed personnel.

102 Sec. 503. (NEW) (*Effective October 1, 2016*) (a) As used in this section:

103 (1) "Music therapy" means the clinical and evidence-based use of
104 music interventions to accomplish individualized goals within a
105 therapeutic relationship by a credentialed professional who has
106 completed a music therapy program approved by the American Music
107 Therapy Association, or any successor of said association; and

108 (2) "Music therapist" means a person who (A) has earned a
109 bachelor's or graduate degree in music therapy or a related field from
110 an accredited institution of higher education, and (B) is certified as a
111 music therapist by the Certification Board for Music Therapists or any
112 successor of said board.

113 (b) No person unless certified as a music therapist by the
114 Certification Board for Music Therapists, or any successor of said
115 board, may use the title "music therapist" or "certified music therapist"
116 or make use of any title, words, letters, abbreviations or insignia
117 indicating or implying that he or she is a certified music therapist. Any
118 person who violates this section shall be guilty of a class D felony. For
119 purposes of this section, each instance of contact or consultation with
120 an individual that is in violation of any provision of this section shall
121 constitute a separate offense.

122 (c) The provisions of this section shall not apply to a person who (1)
123 is licensed, certified or regulated under the laws of this state in another
124 profession or occupation, including, but not limited to, occupational
125 therapy, physical therapy, speech and language pathology, audiology
126 or counseling, or is supervised by such a licensed, certified or
127 regulated person, and uses music in the practice of his or her licensed,
128 certified or regulated profession or occupation that is incidental to
129 such practice, provided the person does not hold himself or herself out
130 to the public as a music therapist, (2) is a student enrolled in a music
131 therapy educational program or graduate music therapy educational
132 program approved by the American Music Therapy Association, or
133 any successor of said association, and music therapy is an integral part
134 of the student's course of study and such student is performing such
135 therapy under the direct supervision of a music therapist, or (3) is a

136 professional whose training and national certification attests to such
137 person's ability to practice his or her certified occupation or profession
138 and whose use of music is incidental to the practice of such occupation
139 or profession, provided such person does not hold himself or herself
140 out to the public as a music therapist.

141 Sec. 504. (NEW) (*Effective October 1, 2016*) (a) As used in this section:

142 (1) "Art therapy" means clinical and evidence-based use of art,
143 including art media, the creative process and the resulting artwork, to
144 accomplish individualized goals within a therapeutic relationship by a
145 credentialed professional who has completed an art therapy program
146 approved by the American Art Therapy Association, or any successor
147 of said association; and

148 (2) "Art therapist" means a person who (A) has earned a bachelor's
149 or graduate degree in art therapy or a related field from an accredited
150 institution of higher education, and (B) is certified as an art therapist
151 by the Art Therapy Credentials Board or any successor of said board.

152 (b) No person unless certified as an art therapist may use the title
153 "art therapist" or "certified art therapist" or make use of any title,
154 words, letters, abbreviations or insignia indicating or implying that he
155 or she is a certified art therapist. Any person who violates this section
156 shall be guilty of a class D felony. For purposes of this section, each
157 instance of contact or consultation with an individual that is in
158 violation of any provision of this section shall constitute a separate
159 offense.

160 (c) The provisions of this section shall not apply to a person who (1)
161 provides art therapy while acting within the scope of practice of the
162 person's license and training, provided the person does not hold
163 himself or herself out to the public as an art therapist, or (2) is a
164 student enrolled in an art therapy educational program or graduate art
165 therapy educational program approved by the American Art Therapy
166 Association, or any successor of said association, and art therapy is an
167 integral part of the student's course of study and such student is

168 performing such therapy under the direct supervision of an art
169 therapist.

170 Sec. 505. Section 8-3e of the general statutes is repealed and the
171 following is substituted in lieu thereof (*Effective October 1, 2016*):

172 (a) No zoning regulation shall treat the following in a manner
173 different from any single family residence: (1) Any community
174 residence that houses six or fewer persons with intellectual disability
175 and necessary staff persons and that is licensed under the provisions of
176 section 17a-227, (2) any child-care residential facility that houses six or
177 fewer children with mental or physical disabilities and necessary staff
178 persons and that is licensed under sections 17a-145 to 17a-151,
179 inclusive, (3) any community residence that houses six or fewer
180 persons receiving mental health or addiction services and necessary
181 staff persons paid for or provided by the Department of Mental Health
182 and Addiction Services and that has been issued a license by the
183 Department of Public Health under the provisions of section 19a-491, if
184 a license is required, or (4) any [hospice facility, including a hospice]
185 residence [,] that provides [inpatient] licensed hospice care and
186 services to six or fewer persons, [and is licensed to provide such
187 services by the Department of Public Health,] provided such [facility]
188 residence is (A) managed by an organization that is tax exempt under
189 Section 501(c)(3) of the Internal Revenue Code of 1986, or any
190 subsequent corresponding internal revenue code of the United States,
191 as from time to time amended; (B) located in a city with a population
192 of more than one hundred thousand and within a zone that allows
193 development on one or more acres; [and] (C) served by public sewer
194 and water; and (D) constructed in accordance with applicable building
195 codes for occupancy by six or fewer persons who are not capable of
196 self-preservation.

197 (b) Any resident of a municipality in which such a community
198 residence or child-care residential facility is located may, with the
199 approval of the legislative body of such municipality, petition (1) the
200 Commissioner of Developmental Services to revoke the license of such

201 community residence on the grounds that such community residence
202 is not in compliance with the provisions of any statute or regulation
203 concerning the operation of such residences, (2) the Commissioner of
204 Children and Families to revoke the license of such child-care
205 residential facility on the grounds that such child-care residential
206 facility is not in compliance with the provision of any general statute
207 or regulation concerning the operation of such child-care residential
208 facility, or (3) the Commissioner of Mental Health and Addiction
209 Services to withdraw funding from such community residence on the
210 grounds that such community residence is not in compliance with the
211 provisions of any general statute or regulation adopted thereunder
212 concerning the operation of a community residence.

213 Sec. 506. Section 20-112a of the general statutes is repealed and the
214 following is substituted in lieu thereof (*Effective October 1, 2016*):

215 (a) As used in this section:

216 (1) "Direct supervision" means a licensed dentist has authorized
217 certain procedures to be performed on a patient by a dental assistant or
218 an expanded function dental assistant with such dentist remaining on-
219 site in the dental office or treatment facility while such procedures are
220 being performed by the dental assistant or expanded function dental
221 assistant and that, prior to the patient's departure from the dental
222 office, such dentist reviews and approves the treatment performed by
223 the dental assistant or expanded function dental assistant;

224 (2) "Indirect supervision" means a licensed dentist is in the dental
225 office or treatment facility, has personally diagnosed the condition,
226 planned the treatment, authorized the procedures to be performed and
227 remains in the dental office or treatment facility while the procedures
228 are being performed by the dental assistant or expanded function
229 dental assistant and evaluates the performance of the dental assistant
230 or expanded function dental assistant;

231 (3) "Dental assistant" means a person who: (A) Has (i) completed on-
232 the-job training in dental assisting under direct supervision, (ii)

233 successfully completed a dental assistant education program
234 accredited by the American Dental Association's Commission on
235 Dental Accreditation, or (iii) successfully completed a dental assistant
236 education program that is accredited or recognized by the New
237 England Association of Schools and Colleges; and (B) meets any
238 requirements established by the Commissioner of Public Health in
239 regulations adopted pursuant to subsection (f) of this section; and

240 (4) "Expanded function dental assistant" means a dental assistant
241 who has passed the Dental Assisting National Board's certified dental
242 assistant or certified orthodontic assistant examination and then
243 successfully completed: (A) An expanded function dental assistant
244 program at an institution of higher education that is accredited by the
245 Commission on Dental Accreditation of the American Dental
246 Association that includes (i) educational courses relating to didactic
247 and laboratory preclinical objectives for skills used by an expanded
248 function dental assistant and that requires demonstration of such skills
249 prior to advancing to clinical practice, (ii) not less than four hours of
250 education in the area of ethics and professional standards for dental
251 professionals, and (iii) a comprehensive clinical examination
252 administered by the institution of higher education at the conclusion of
253 such program; and (B) a comprehensive written examination
254 concerning certified preventive functions and certified restorative
255 functions administered by the Dental Assisting National Board.

256 (b) Each expanded function dental assistant shall: (1) Maintain
257 dental assistant or orthodontic assistant certification from the Dental
258 Assisting National Board; (2) conspicuously display his or her dental
259 assistant or orthodontic assistant certificate at his or her place of
260 employment or place where he or she provides expanded function
261 dental assistant services; (3) maintain professional liability insurance
262 or other indemnity against liability for professional malpractice in an
263 amount not less than five hundred thousand dollars for one person,
264 per occurrence, with an aggregate liability of not less than one million
265 five hundred thousand dollars while employed as an expanded
266 function dental assistant; (4) provide expanded function dental

267 assistant services only under direct or indirect supervision; and (5)
268 meet any requirements established by the Commissioner of Public
269 Health in regulations adopted pursuant to subsection (f) of this section.

270 (c) (1) A licensed dentist may delegate to dental assistants such
271 dental procedures as the dentist may deem advisable, including: [the]
272 (A) The taking of dental x-rays if the dental assistant can demonstrate
273 successful completion of the dental [radiography portion of an
274 examination prescribed] radiation health and safety examination
275 administered by the Dental Assisting National Board; [, but such] and
276 (B) the taking of impressions of teeth for study models. Such
277 procedures shall be performed under [the dentist's] direct supervision
278 [and control] and the dentist providing direct supervision shall assume
279 responsibility for such procedures. [; provided such assistants may
280 not]

281 (2) A licensed dentist may delegate to an expanded function dental
282 assistant such dental procedures as the dentist may deem advisable,
283 including: (A) The placing, finishing and adjustment of temporary
284 restorations and long-term individual fillings, capping materials and
285 cement bases; (B) oral health education for patients; (C) dental sealants;
286 and (D) coronal polishing, provided the procedure is not represented
287 or billed as prophylaxis. Such procedures shall be performed under the
288 direct or indirect supervision and the dentist providing such
289 supervision shall assume responsibility for such procedures.

290 (3) On or after January 1, 2018, (A) no licensed dentist may delegate
291 dental procedures to a dental assistant or expanded function dental
292 assistant unless the dental assistant or expanded function dental
293 assistant provides records demonstrating successful completion of the
294 Dental Assisting National Board's infection control examination,
295 except as provided in subdivision (2) of this subsection, (B) a dental
296 assistant may receive not more than nine months of on-the-job training
297 by a licensed dentist for purposes of preparing the dental assistant for
298 the Dental Assisting National Board's infection control examination,
299 and (C) any licensed dentist who delegates dental procedures to a

300 dental assistant shall retain and make such records available for
301 inspection upon request of the Department of Public Health.

302 (4) On and after January 1, 2018, upon successful completion of the
303 Dental Assisting National Board's infection control examination, each
304 dental assistant or expanded function dental assistant shall complete
305 not less than one hour of training or education in infection control in a
306 dental setting every two years, including, but not limited to, courses,
307 including online courses, offered or approved by a dental school or
308 another institution of higher education that is accredited or recognized
309 by the Commission on Dental Accreditation, a regional accrediting
310 organization, the American Dental Association or a state, district or
311 local dental association or society affiliated with the American Dental
312 Association or the American Dental Assistants Association.

313 (d) Under no circumstances may a dental assistant or expanded
314 function dental assistant engage in: (1) Diagnosis for dental procedures
315 or dental treatment; (2) the cutting or removal of any hard or soft
316 tissue or suturing; (3) the prescribing of drugs or medications that
317 require the written or oral order of a licensed dentist or physician; (4)
318 the administration of local, parenteral, inhalation or general anesthetic
319 agents in connection with any dental operative procedure; (5) the
320 taking of any final impression of the teeth or jaws or the relationship of
321 the teeth or jaws for the purpose of fabricating any appliance or
322 prosthesis; or (6) [the placing, finishing and adjustment of temporary
323 or final restorations, capping materials and cement bases; or (7)] the
324 practice of dental hygiene as defined in section 20-126l.

325 (e) Each licensed dentist employing or otherwise engaging the
326 services of an expanded function dental assistant shall: (1) Prior to
327 hiring or otherwise engaging the services of the expanded function
328 dental assistant, verify that the expanded function dental assistant
329 meets the requirements described in subdivision (4) of subsection (a)
330 and subdivisions (1) and (3) of subsection (b) of this section; (2)
331 maintain documentation verifying that the expanded function dental
332 assistant meets such requirements on the premises where the

333 expanded function dental assistant provides services; (3) make such
334 documentation available to the Department of Public Health upon
335 request; and (4) provide direct or indirect supervision to not more than
336 two expanded function dental assistants who are providing services at
337 one time or, if the dentist's practice is limited to orthodontics, provide
338 direct or indirect supervision to not more than four expanded function
339 dental assistants who are providing services at one time.

340 (f) The Commissioner of Public Health, in consultation with the
341 State Dental Commission, established pursuant to section 20-103a, may
342 adopt regulations in accordance with the provisions of chapter 54 to
343 implement the provisions of this section. Such regulations, if adopted,
344 shall include, but need not be limited to, identification of the: (1)
345 Specific types of procedures that may be performed by a dental
346 assistant and an expanded function dental assistant, consistent with
347 the provisions of this section; (2) appropriate number of didactic,
348 preclinical and clinical hours or number of procedures to be evaluated
349 for clinical competency for each skill employed by an expanded
350 function dental assistant; and (3) the level of supervision, that may
351 include direct or indirect supervision, that is required for each
352 procedure to be performed by an expanded function dental assistant.

353 Sec. 507. Section 19a-244 of the general statutes is repealed and the
354 following is substituted in lieu thereof (*Effective July 1, 2016*):

355 On and after October 1, 2010, any person nominated to be the
356 director of health shall (1) be a licensed physician and hold a degree in
357 public health from an accredited school, college, university or
358 institution, or (2) hold a graduate degree in public health from an
359 accredited school, college or institution. The educational requirements
360 of this section shall not apply to any director of health nominated or
361 otherwise appointed as director of health prior to October 1, 2010. The
362 board may specify in a written agreement with such director the term
363 of office, which shall not exceed three years, salary and duties required
364 of and responsibilities assigned to such director in addition to those
365 required by the general statutes or the Public Health Code, if any. [He]

366 Such director shall be removed during the term of such written
367 agreement only for cause after a public hearing by the board on
368 charges preferred, of which reasonable notice shall have been given.
369 [He shall devote his entire time to the performance of such duties as
370 are] No director shall, during such director's term of office, have any
371 financial interest in or engage in any employment, transaction or
372 professional activity that is in substantial conflict with the proper
373 discharge of the duties required of directors of health by the general
374 statutes or the Public Health Code [and as the board specifies] or
375 specified by the board in its written agreement with [him; and shall]
376 such director. Such director shall serve in a full-time capacity and act
377 as secretary and treasurer of the board, without the right to vote. [He]
378 Such director shall give to the district a bond with a surety company
379 authorized to transact business in the state, for the faithful
380 performance of [his] such director's duties as treasurer, in such sum
381 and upon such conditions as the board requires. [He] Such director
382 shall be the executive officer of the district department of health. Full-
383 time employees of a city, town or borough health department at the
384 time such city, town or borough votes to form or join a district
385 department of health shall become employees of such district
386 department of health. Such employees may retain their rights and
387 benefits in the pension system of the town, city or borough by which
388 they were employed and shall continue to retain their active
389 participating membership therein until retired. Such employees shall
390 pay into such pension system the contributions required of them for
391 their class and membership. Any additional employees to be hired by
392 the district or any vacancies to be filled shall be filled in accordance
393 with the rules and regulations of the merit system of the state of
394 Connecticut and the employees who are employees of cities, towns or
395 boroughs which have adopted a local civil service or merit system
396 shall be included in their comparable grade with fully attained
397 seniority in the state merit system. Such employees shall perform such
398 duties as are prescribed by the director of health. In the event of the
399 withdrawal of a town, city or borough from the district department, or
400 in the event of a dissolution of any district department, the employees

401 thereof, originally employed therein, shall automatically become
402 employees of the appropriate town, city or borough's board of health.

403 Sec. 508. Subsection (a) of section 19a-200 of the general statutes is
404 repealed and the following is substituted in lieu thereof (*Effective July*
405 *1, 2016*):

406 (a) The mayor of each city, the warden of each borough, and the
407 chief executive officer of each town shall, unless the charter of such
408 city, town or borough otherwise provides, nominate some person to be
409 director of health for such city, town or borough, which nomination
410 shall be confirmed or rejected by the board of selectmen, if there be
411 such a board, otherwise by the legislative body of such city or town or
412 by the burgesses of such borough within thirty days thereafter.
413 Notwithstanding the charter provisions of any city, town or borough
414 with respect to the qualifications of the director of health, on and after
415 October 1, 2010, any person nominated to be a director of health shall
416 (1) be a licensed physician and hold a degree in public health from an
417 accredited school, college, university or institution, or (2) hold a
418 graduate degree in public health from an accredited school, college or
419 institution. The educational requirements of this section shall not
420 apply to any director of health nominated or otherwise appointed as
421 director of health prior to October 1, 2010. In cities, towns or boroughs
422 with a population of forty thousand or more for five consecutive years,
423 according to the estimated population figures authorized pursuant to
424 subsection (b) of section 8-159a, such director of health shall serve in a
425 full-time capacity, except where a town has designated such director as
426 the chief medical advisor for its public schools under section 10-205,
427 and shall not, ~~[engage in private practice]~~ during such director's term
428 of office, have any financial interest in or engage in any employment,
429 transaction or professional activity that is in substantial conflict with
430 the proper discharge of the duties required of directors of health by the
431 general statutes or the Public Health Code or specified by the
432 appointing authority of the city, town or borough in its written
433 agreement with such director. Such director of health shall have and
434 exercise within the limits of the city, town or borough for which such

435 director is appointed all powers necessary for enforcing the general
436 statutes, provisions of the Public Health Code relating to the
437 preservation and improvement of the public health and preventing the
438 spread of diseases therein. In case of the absence or inability to act of a
439 city, town or borough director of health or if a vacancy exists in the
440 office of such director, the appointing authority of such city, town or
441 borough may, with the approval of the Commissioner of Public
442 Health, designate in writing a suitable person to serve as acting
443 director of health during the period of such absence or inability or
444 vacancy, provided the commissioner may appoint such acting director
445 if the city, town or borough fails to do so. The person so designated,
446 when sworn, shall have all the powers and be subject to all the duties
447 of such director. In case of vacancy in the office of such director, if such
448 vacancy exists for thirty days, said commissioner may appoint a
449 director of health for such city, town or borough. Said commissioner,
450 may, for cause, remove an officer the commissioner or any predecessor
451 in said office has appointed, and the common council of such city,
452 town or the burgesses of such borough may, respectively, for cause,
453 remove a director whose nomination has been confirmed by them,
454 provided such removal shall be approved by said commissioner; and,
455 within two days thereafter, notice in writing of such action shall be
456 given by the clerk of such city, town or borough, as the case may be, to
457 said commissioner, who shall, within ten days after receipt, file with
458 the clerk from whom the notice was received, approval or disapproval.
459 Each such director of health shall hold office for the term of four years
460 from the date of appointment and until a successor is nominated and
461 confirmed in accordance with this section. Each director of health shall,
462 annually, at the end of the fiscal year of the city, town or borough, file
463 with the Department of Public Health a report of the doings as such
464 director for the year preceding.

465 Sec. 509. Section 19a-2a of the general statutes is repealed and the
466 following is substituted in lieu thereof (*Effective October 1, 2016*):

467 The Commissioner of Public Health shall employ the most efficient
468 and practical means for the prevention and suppression of disease and

469 shall administer all laws under the jurisdiction of the Department of
470 Public Health and the Public Health Code. The commissioner shall
471 have responsibility for the overall operation and administration of the
472 Department of Public Health. The commissioner shall have the power
473 and duty to: (1) Administer, coordinate and direct the operation of the
474 department; (2) adopt and enforce regulations, in accordance with
475 chapter 54, as are necessary to carry out the purposes of the
476 department as established by statute; (3) establish rules for the internal
477 operation and administration of the department; (4) establish and
478 develop programs and administer services to achieve the purposes of
479 the department as established by statute; (5) enter into a contract,
480 including, but not limited to, a contract with another state, for facilities,
481 services and programs to implement the purposes of the department
482 as established by statute; (6) designate a deputy commissioner or other
483 employee of the department to sign any license, certificate or permit
484 issued by said department; (7) conduct a hearing, issue subpoenas,
485 administer oaths, compel testimony and render a final decision in any
486 case when a hearing is required or authorized under the provisions of
487 any statute dealing with the Department of Public Health; (8) with the
488 health authorities of this and other states, secure information and data
489 concerning the prevention and control of epidemics and conditions
490 affecting or endangering the public health, and compile such
491 information and statistics and shall disseminate among health
492 authorities and the people of the state such information as may be of
493 value to them; (9) annually issue a list of reportable diseases,
494 emergency illnesses and health conditions and a list of reportable
495 laboratory findings and amend such lists as the commissioner deems
496 necessary and distribute such lists as well as any necessary forms to
497 each licensed physician and clinical laboratory in this state. The
498 commissioner shall prepare printed forms for reports and returns, with
499 such instructions as may be necessary, for the use of directors of
500 health, boards of health and registrars of vital statistics; and (10)
501 specify uniform methods of keeping statistical information by public
502 and private agencies, organizations and individuals, including a client
503 identifier system, and collect and make available relevant statistical

504 information, including the number of persons treated, frequency of
505 admission and readmission, and frequency and duration of treatment.
506 The client identifier system shall be subject to the confidentiality
507 requirements set forth in section 17a-688 and regulations adopted
508 thereunder. The commissioner may designate any person to perform
509 any of the duties listed in subdivision (7) of this section. The
510 commissioner shall have authority over directors of health and may,
511 for cause, remove any such director; but any person claiming to be
512 aggrieved by such removal may appeal to the Superior Court which
513 may affirm or reverse the action of the commissioner as the public
514 interest requires. The commissioner shall assist and advise local
515 directors of health and district directors of health in the performance of
516 their duties, and may require the enforcement of any law, regulation or
517 ordinance relating to public health. In the event the commissioner
518 reasonably suspects impropriety on the part of a local director of
519 health or district director of health, or employee of such director, in the
520 performance of his or her duties, the commissioner shall provide
521 notification and any evidence of such impropriety to the appropriate
522 governing authority of the municipal health authority, established
523 pursuant to section 19a-200, or the district department of health,
524 established pursuant to section 19a-244, for purposes of reviewing and
525 assessing a director's or an employee's compliance with such duties.
526 Such governing authority shall provide a written report of its findings
527 from the review and assessment to the commissioner not later than
528 ninety days after such review and assessment. When requested by
529 local directors of health or district directors of health, the
530 commissioner shall consult with them and investigate and advise
531 concerning any condition affecting public health within their
532 jurisdiction. The commissioner shall investigate nuisances and
533 conditions affecting, or that he or she has reason to suspect may affect,
534 the security of life and health in any locality and, for that purpose, the
535 commissioner, or any person authorized by the commissioner, may
536 enter and examine any ground, vehicle, apartment, building or place,
537 and any person designated by the commissioner shall have the
538 authority conferred by law upon constables. Whenever the

539 commissioner determines that any provision of the general statutes or
540 regulation of the Public Health Code is not being enforced effectively
541 by a local health department or health district, he or she shall forthwith
542 take such measures, including the performance of any act required of
543 the local health department or health district, to ensure enforcement of
544 such statute or regulation and shall inform the local health department
545 or health district of such measures. In September of each year the
546 commissioner shall certify to the Secretary of the Office of Policy and
547 Management the population of each municipality. The commissioner
548 may solicit and accept for use any gift of money or property made by
549 will or otherwise, and any grant of or contract for money, services or
550 property from the federal government, the state, any political
551 subdivision thereof, any other state or any private source, and do all
552 things necessary to cooperate with the federal government or any of its
553 agencies in making an application for any grant or contract. The
554 commissioner may establish state-wide and regional advisory councils.
555 For purposes of this section, "employee of such director" means an
556 employee of, a consultant employed or retained by or an independent
557 contractor retained by a local director of health, a district director of
558 health, a local health department or a health district.

559 Sec. 510. (NEW) (*Effective October 1, 2016*) Not later than January 1,
560 2017, the Commissioner of Public Health shall review the general
561 statutes governing local health departments and districts to determine
562 whether they need revising and submit such determination, in
563 accordance with the provisions of section 11-4a of the general statutes,
564 to the joint standing committee of the General Assembly having
565 cognizance of matters relating to public health.

566 Sec. 511. Section 19a-6f of the general statutes is repealed and the
567 following is substituted in lieu thereof (*Effective from passage*):

568 On or before January 1, [2005] 2017, and annually thereafter, the
569 Commissioner of Public Health shall obtain from the American
570 Association of Medical Assistants [.] and the National Healthcareer
571 Association a listing of all state residents maintained on said

572 [organization's] organizations' registry of certified medical assistants.
573 The commissioner shall make such [listing] listings available for public
574 inspection.

575 Sec. 512. (*Effective from passage*) (a) There is established a working
576 group to consider matters relating to nail salons and the provision of
577 services by nail technicians. Such matters may include, but need not be
578 limited to: (1) Standards for nail salons to protect the health and safety
579 of customers; (2) licensure or certification standards for nail
580 technicians, including educational and training requirements for nail
581 technicians; (3) working conditions of nail technicians; (4) fair and
582 equitable business practices; and (5) the development of informational
583 publications, in multiple languages as appropriate, to advise owners
584 and managers of nail salons of applicable state laws and regulations.

585 (b) The working group shall consist of the following members:

586 (1) One appointed by the speaker of the House of Representatives,
587 who shall be the owner of two or more nail salons in the state;

588 (2) One appointed by the president pro tempore of the Senate who
589 shall have not less than two years of experience working as a nail
590 technician;

591 (3) One appointed by the majority leader of the House of
592 Representatives who shall be a representative of the Nail and Spa
593 Association of Connecticut;

594 (4) One appointed by the majority leader of the Senate;

595 (5) One appointed by the minority leader of the House of
596 Representatives who shall be the owner of a single nail salon
597 employing less than five persons;

598 (6) One appointed by the minority leader of the Senate who shall
599 have experience working as a nail technician; and

600 (7) The chairpersons of the joint standing committee of the General

601 Assembly having cognizance of matters relating to public health, or
602 the chairpersons' designees.

603 (c) Any member of the working group appointed under subdivision
604 (1), (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a
605 member of the General Assembly.

606 (d) All appointments to the working group shall be made not later
607 than thirty days after the effective date of this section. Any vacancy
608 shall be filled by the appointing authority.

609 (e) The speaker of the House of Representatives and the president
610 pro tempore of the Senate shall select the chairperson of the working
611 group from among the members of the working group. Such
612 chairperson shall schedule the first meeting of the working group,
613 which shall be held not later than sixty days after the effective date of
614 this section.

615 (f) Not later than January 1, 2017, the working group shall submit a
616 report on its findings and recommendations to the joint standing
617 committee of the General Assembly having cognizance of matters
618 relating to public health, in accordance with the provisions of section
619 11-4a of the general statutes. The working group shall terminate on the
620 date that it submits such report or January 1, 2017, whichever is later.

621 Sec. 513. (*Effective from passage*) The Commissioner of Social Services,
622 in consultation with the Secretary of the Office of Policy and
623 Management, may waive recoupment of an audit finding of
624 overpayment made under the Medicaid program to a hospital that was
625 under prior ownership during a portion of the audit period.

626 Sec. 514. (*Effective from passage*) (a) There is established a task force to
627 study the furnishing of medical records by health care providers and
628 health care institutions. Such study shall include, but need not be
629 limited to, an examination of (1) the time frame for a health care
630 provider or health care institution to respond to a request for medical
631 records, (2) the cost for research and copies in response to a request for

632 medical records, and (3) the requirements of 45 CFR 164.524
633 concerning individuals' access to their protected health information.

634 (b) The task force shall consist of the following members:

635 (1) Two appointed by the speaker of the House of Representatives,
636 one who shall be a representative of a business that provides health
637 information management services and one who shall be a member of
638 the joint standing committee having cognizance of matters relating to
639 public health;

640 (2) Two appointed by the president pro tempore of the Senate, one
641 who shall be a representative of the Connecticut Trial Lawyers
642 Association and one who shall be a member of the joint standing
643 committee having cognizance of matters relating to public health;

644 (3) One appointed by the majority leader of the House of
645 Representatives;

646 (4) One appointed by the majority leader of the Senate, who shall be
647 a patient advocate;

648 (5) Two appointed by the minority leader of the House of
649 Representatives, one who shall be a representative of the Connecticut
650 State Medical Society and one who shall be a member of the joint
651 standing committee having cognizance of matters relating to public
652 health; and

653 (6) Two appointed by the minority leader of the Senate, who shall
654 be a representative of the Connecticut Hospital Association and one
655 who shall be a member of the joint standing committee having
656 cognizance of matters relating to public health.

657 (c) Any member of the task force appointed under subdivision (1),
658 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
659 of the General Assembly.

660 (d) All appointments to the task force shall be made not later than

661 thirty days after the effective date of this section. Any vacancy shall be
662 filled by the appointing authority.

663 (e) The speaker of the House of Representatives and the president
664 pro tempore of the Senate shall select the chairperson of the task force
665 from among the members of the task force. Such chairperson shall
666 schedule the first meeting of the task force, which shall be held not
667 later than sixty days after the effective date of this section.

668 (f) Not later than January 1, 2017, the task force shall submit a report
669 on its findings and recommendations to the joint standing committee
670 of the General Assembly having cognizance of matters relating to
671 public health, in accordance with the provisions of section 11-4a of the
672 general statutes. The task force shall terminate on the date that it
673 submits such report or January 1, 2017, whichever is later.

674 Sec. 515. (NEW) (*Effective from passage*) (a) As used in this section
675 and section 516 of this act, "Connecticut protection and advocacy
676 system" means the nonprofit entity designated by the Governor in
677 accordance with section 516 of this act to serve as the state's protection
678 and advocacy system and client assistance program.

679 (b) The Connecticut protection and advocacy system shall provide
680 the following:

681 (1) Protection and advocacy services for people with disabilities, as
682 provided under the Developmental Disabilities Assistance and Bill of
683 Rights Act of 2000, 42 USC 15001, as amended from time to time; and

684 (2) A client assistance program, as provided under the Workforce
685 Investment Act of 1998, 29 USC 732, as amended from time to time.

686 Sec. 516. (NEW) (*Effective from passage*) (a) Not later than October 1,
687 2016, the Office of Policy and Management shall issue a request for
688 information from nonprofit entities concerning the ability of such
689 entities to serve as the Connecticut protection and advocacy system to
690 provide advocacy services, including, but not limited to, a client

691 assistance program for people with disabilities, which system shall be
692 in compliance with all federal laws setting forth protection and
693 advocacy system requirements, including, but not limited to, 42 USC
694 15041 to 15045, inclusive, as amended from time to time, and all
695 federal laws setting forth client assistance program requirements,
696 including, but not limited to, 29 USC 732, as amended from time to
697 time.

698 (b) Not later than November 1, 2016, the Office of Protection and
699 Advocacy for Persons with Disabilities, established under section 46a-
700 10 of the general statutes, in consultation with the Board of Protection
701 and Advocacy for Persons with Disabilities, established under section
702 46a-9 of the general statutes, shall submit a plan to the Secretary of the
703 Office of Policy and Management that (1) is consistent with state and
704 federal law, (2) contains provisions for the effective transfer, not later
705 than July 1, 2017, of the protection and advocacy and client assistance
706 program functions of said office to a nonprofit entity, and (3) includes,
707 but is not limited to, any proposed legislative changes.

708 (c) Notwithstanding the provisions of sections 4-212 to 4-219,
709 inclusive, subdivision (21) of section 4e-1, and chapter 62a of the
710 general statutes, not later than July 1, 2017, the Governor shall
711 designate a nonprofit entity to serve as the Connecticut protection and
712 advocacy system.

713 (d) Notwithstanding the provisions of section 4e-16 and chapter 62a
714 of the general statutes, prior to its abolishment under section 517 of
715 this act on July 1, 2017, the Office of Protection and Advocacy for
716 Persons with Disabilities, with the approval of the Office of Policy and
717 Management, may contract with one or more nonstate entities to
718 perform any functions that said office is permitted or required to
719 perform, except those relating to investigations conducted pursuant to
720 sections 46a-11a to 46a-11f, inclusive, of the general statutes.

721 (e) Nothing in chapter 10 of the general statutes shall prohibit any
722 member of the Board of Advocacy and Protection for Persons with

723 Disabilities or any employee of the Office of Protection and Advocacy
724 for Persons with Disabilities from serving on the board of the
725 Connecticut protection and advocacy system or working as an
726 employee of such system, provided no state employee is employed by
727 such system while employed by the state.

728 Sec. 517. (NEW) (*Effective July 1, 2017*) The Office of Protection and
729 Advocacy for Persons with Disabilities and the Board of Protection and
730 Advocacy for Persons with Disabilities are abolished. Any work in
731 progress at said office not completed on or before July 1, 2017, other
732 than investigations initiated pursuant to sections 46a-11a to 46a-11f,
733 inclusive, of the general statutes, shall be completed by the
734 Connecticut protection and advocacy system, designated under section
735 519 of this act, in accordance with federal regulations and in the same
736 manner and with the same effect as if completed by said office as it
737 existed immediately prior to July 1, 2017.

738 Sec. 518. Section 17b-650a of the general statutes is repealed and the
739 following is substituted in lieu thereof (*Effective from passage*):

740 (a) There is created a Department of Rehabilitation Services. The
741 Department of Social Services shall provide administrative support
742 services to the Department of Rehabilitation Services until the
743 Department of Rehabilitation Services requests cessation of such
744 services, or until June 30, 2013, whichever is earlier. The Department of
745 Rehabilitation Services shall be responsible for providing the
746 following: (1) Services to the deaf and hearing impaired; (2) services
747 for the blind and visually impaired; and (3) rehabilitation services in
748 accordance with the provisions of the general statutes concerning the
749 Department of Rehabilitation Services. The Department of
750 Rehabilitation Services shall constitute a successor authority to the
751 Bureau of Rehabilitative Services in accordance with the provisions of
752 sections 4-38d, 4-38e and 4-39.

753 (b) The department head shall be the Commissioner of
754 Rehabilitation Services, who shall be appointed by the Governor in

755 accordance with the provisions of sections 4-5 to 4-8, inclusive, and
756 shall have the powers and duties described in said sections. The
757 Commissioner of Rehabilitation Services shall appoint such persons as
758 may be necessary to administer the provisions of public act 11-44 and
759 the Commissioner of Administrative Services shall fix the
760 compensation of such persons in accordance with the provisions of
761 section 4-40. The Commissioner of Rehabilitation Services may create
762 such sections within the Department of Rehabilitation Services as will
763 facilitate such administration, including a disability determinations
764 section for which one hundred per cent federal funds may be accepted
765 for the operation of such section in conformity with applicable state
766 and federal regulations. The Commissioner of Rehabilitation Services
767 may adopt regulations, in accordance with the provisions of chapter
768 54, to implement the purposes of the department as established by
769 statute.

770 (c) The Commissioner of Rehabilitation Services shall, annually, in
771 accordance with section 4-60, submit to the Governor a report in
772 electronic format on the activities of the Department of Rehabilitation
773 Services relating to services provided by the department to individuals
774 who (1) are blind or visually impaired, (2) are deaf or hearing
775 impaired, or (3) receive vocational rehabilitation services. The report
776 shall include the data the department provides to the federal
777 government that relates to the evaluation standards and performance
778 indicators for the vocational rehabilitation services program. The
779 commissioner shall submit the report in electronic format, in
780 accordance with the provisions of section 11-4a, to the joint standing
781 committees of the General Assembly having cognizance of matters
782 relating to human services and appropriations and the budgets of state
783 agencies.

784 (d) Effective July 1, 2017, the Department of Rehabilitation Services
785 shall constitute a successor department, in accordance with the
786 provisions of sections 4-38d and 4-39, to the Office of Protection and
787 Advocacy for Persons with Disabilities with respect to investigations
788 of allegations of abuse or neglect pursuant to sections 46a-11a to 46a-

789 11f, inclusive.

790 Sec. 519. (*Effective from passage*) (a) There is established, within
791 available appropriations, within the Department of Public Health, a
792 Diabetes Advisory Council. The advisory council shall (1) analyze the
793 current state of diabetes prevention, control and treatment in the state;
794 and (2) advise the department on methods to achieve the goal of the
795 Centers for Disease Control in granting funds to the state for diabetes
796 prevention.

797 (b) The advisory council shall consist of the following members,
798 who shall be appointed by the Commissioner of Public Health not later
799 than ninety days after the effective date of this section:

800 (1) Two representatives of the Department of Public Health;

801 (2) A member of the Connecticut Alliance of Diabetes Educators;

802 (3) A diabetes prevention advocate;

803 (4) One representative each from two locations of the Young Men's
804 Christian Association in the state that provide a diabetes prevention
805 program;

806 (5) A representative of an insurance carrier that covers residents of
807 this state;

808 (6) One representative each from two federally qualified health
809 centers;

810 (7) A representative of the Connecticut State Medical Society;

811 (8) A representative of an accountable care organization;

812 (9) A primary health care provider who is not employed by a
813 hospital, federally qualified health center or accountable care
814 organization;

815 (10) Two representatives of a research and bioscience manufacturer

816 with expertise in metabolic diseases; and

817 (11) Any additional member the commissioner determines would be
818 beneficial to serve as a member of the advisory council.

819 (b) The advisory council shall consist of the following additional
820 members:

821 (1) The Commissioner of Social Services, or the commissioner's
822 designee;

823 (2) The Comptroller, or the Comptroller's designee;

824 (3) The executive director of the Latino and Puerto Rican Affairs
825 Commission, or the executive director's designee;

826 (4) The executive director of the African-American Affairs
827 Commission, or the executive director's designee; and

828 (5) The cochairpersons of the joint standing committee of the
829 General Assembly having cognizance of matters relating to public
830 health, or such cochairpersons' designees, one of whom may be a
831 legislator.

832 (c) Members shall receive no compensation except for
833 reimbursement for necessary expenses incurred in performing their
834 duties. The members shall elect the chairperson of the advisory council
835 from among the members of the advisory council. A majority of the
836 advisory council members shall constitute a quorum. Any action taken
837 by the advisory council shall require a majority vote of those present.

838 (d) The advisory council shall (1) review the following: (A)
839 Strategies to identify and enroll individuals at risk of diabetes in
840 diabetes prevention programs; (B) strategies to identify and refer
841 individuals with diabetes for enrollment in formal diabetes education
842 classes and diabetes management programs; (C) the status of
843 healthcare organizations reporting on clinical quality measures related
844 to diabetes control; (D) existing state programs that address

845 prevention, control, and treatment of diabetes; (E) evidence that
846 supports the need for such programs; and (2) make recommendations
847 to enhance and financially support such programs.

848 (e) The advisory council may (1) study the following: (A) The
849 effectiveness of the existing state programs identified in subsection (d)
850 of this section; (B) the financial impact of diabetes on the state,
851 including, but not limited to, the prevalence of the disease and the cost
852 to the state for, among other things, administering the programs
853 identified in subsection (d) of this section; and (C) the coordination of
854 such programs and other efforts among state agencies to prevent,
855 control and treat diabetes; and (2) develop an action plan that sets
856 forth steps for reducing the impact of diabetes on the state, including,
857 but not limited to, expected outcomes for each step toward preventing,
858 controlling and treating diabetes.

859 (f) Not later than January 1, 2017, the advisory council shall submit,
860 in accordance with the provisions of section 11-4a of the general
861 statutes, a progress report on its findings and recommendations to the
862 joint standing committee of the General Assembly having cognizance
863 of matters relating to public health. Not later than May 1, 2017, the
864 advisory council shall submit, in accordance with the provisions of
865 section 11-4a of the general statutes, a final report on its findings and
866 recommendations to the joint standing committee of the General
867 Assembly having cognizance of matters relating to public health. The
868 advisory council shall terminate on the date that it submits such report
869 or January 1, 2018, whichever is later.

870 Sec. 520. (*Effective from passage*) Notwithstanding the provisions of
871 section 20-227 of the general statutes, the Department of Public Health
872 shall not revoke or suspend the license of a funeral director or
873 embalmer pursuant to subdivision (1) of section 20-227 of the general
874 statutes prior to April 1, 2017, if the licensed funeral director or
875 licensed embalmer completed an examination as part of a program in
876 funeral directing and embalming at an institution of higher education
877 that lost its accreditation within twenty-four months of the effective

878 date of this section."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>October 1, 2016</i>	19a-492e(a) and (b)
Sec. 502	<i>October 1, 2016</i>	19a-495a(a) and (b)
Sec. 503	<i>October 1, 2016</i>	New section
Sec. 504	<i>October 1, 2016</i>	New section
Sec. 505	<i>October 1, 2016</i>	8-3e
Sec. 506	<i>October 1, 2016</i>	20-112a
Sec. 507	<i>July 1, 2016</i>	19a-244
Sec. 508	<i>July 1, 2016</i>	19a-200(a)
Sec. 509	<i>October 1, 2016</i>	19a-2a
Sec. 510	<i>October 1, 2016</i>	New section
Sec. 511	<i>from passage</i>	19a-6f
Sec. 512	<i>from passage</i>	New section
Sec. 513	<i>from passage</i>	New section
Sec. 514	<i>from passage</i>	New section
Sec. 515	<i>from passage</i>	New section
Sec. 516	<i>from passage</i>	New section
Sec. 517	<i>July 1, 2017</i>	New section
Sec. 518	<i>from passage</i>	17b-650a
Sec. 519	<i>from passage</i>	New section
Sec. 520	<i>from passage</i>	New section