



General Assembly

Amendment

February Session, 2018

LCO No. 5370



Offered by:

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To: Subst. House Bill No. 5163

File No. 428

Cal. No. 298

"AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES."

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- 1 In line 45, delete "or" and after "center" insert "or a managed
2 residential community, as defined in section 19a-693"
- 3 In line 270, Strike "licensed pursuant to chapter 383b"
- 4 In lines 316 and 318, bracket "setting" and after the closing bracket
5 insert "facility"
- 6 Strike lines 633 to 640, inclusive, and insert the following in lieu
7 thereof:
- 8 "(3) "Class 1 food establishment" means a retail food establishment
9 that does not serve a population that is highly susceptible to food
10 borne illnesses and only offers [for retail sale (A) prepackaged food

11 that is not time or temperature controlled for safety, (B)] (A)
12 commercially [processed] packaged food in its original commercial
13 package that [(i)] is time or temperature controlled for safety, [and
14 heated for hot holding, but (ii) is not permitted to be cooled] or (B)
15 commercially prepackaged, precooked food that is time or
16 temperature controlled for safety and heated, hot held and served in
17 its original commercial package not later than four hours after heating,
18 or (C) food prepared in the establishment that is not time or
19 temperature controlled for safety;"

20 In line 1150, after "physician" insert "or advanced practice registered
21 nurse"

22 After the last section, add the following and renumber sections and
23 internal references accordingly:

24 "Sec. 501. Subsection (a) of section 20-195 of the 2018 supplement to
25 the general statutes is repealed and the following is substituted in lieu
26 thereof (*Effective October 1, 2018*):

27 (a) Nothing in this chapter shall be construed to limit the activities
28 and services of a graduate student, intern or resident in psychology,
29 pursuing a course of study in an educational institution under the
30 provisions of section 20-189, if such activities constitute a part of a
31 supervised course of study. No license as a psychologist shall be
32 required of a person holding a doctoral degree based on a program of
33 studies whose content was primarily psychological from an
34 educational institution approved under the provisions of section 20-
35 189, provided (1) such activities and services are necessary to satisfy
36 the work experience as required by section 20-188, and (2) not later
37 than two years after completion of such work experience, the
38 exemption from the licensure requirement shall cease [upon
39 notification that] if the person did not successfully complete the
40 licensing examination, as required under section 20-188. [, or one year
41 after completion of such work experience, whichever occurs first.] The
42 provisions of this chapter shall not apply to any person in the salaried

43 employ of any person, firm, corporation, educational institution or
44 governmental agency when acting within the person's own
45 organization. Nothing in this chapter shall be construed to prevent the
46 giving of accurate information concerning education and experience
47 by any person in any application for employment. Nothing in this
48 chapter shall be construed to prevent physicians, optometrists,
49 chiropractors, members of the clergy, attorneys-at-law or social
50 workers from doing work of a psychological nature consistent with
51 accepted standards in their respective professions.

52 Sec. 502. Subsection (a) of section 20-195c of the general statutes is
53 repealed and the following is substituted in lieu thereof (*Effective*
54 *October 1, 2018*):

55 (a) Each applicant for licensure as a marital and family therapist
56 shall present to the department satisfactory evidence that such
57 applicant has: (1) Completed a graduate degree program specializing
58 in marital and family therapy from a regionally accredited college or
59 university or an accredited postgraduate clinical training program
60 accredited by the Commission on Accreditation for Marriage and
61 Family Therapy Education offered by a regionally accredited
62 institution of higher education; (2) completed a supervised practicum
63 or internship with emphasis in marital and family therapy supervised
64 by the program granting the requisite degree or by an accredited
65 postgraduate clinical training program, accredited by the Commission
66 on Accreditation for Marriage and Family Therapy Education offered
67 by a regionally accredited institution of higher education in which the
68 student received a minimum of five hundred direct clinical hours that
69 included one hundred hours of clinical supervision; (3) completed [a
70 minimum of] twelve months of relevant postgraduate experience,
71 including [at least] (A) a minimum of one thousand hours of direct
72 client contact offering marital and family therapy services subsequent
73 to being awarded a master's degree or doctorate or subsequent to the
74 training year specified in subdivision (2) of this subsection, and (B) one
75 hundred hours of postgraduate clinical supervision provided by a
76 licensed marital and family therapist; and (4) passed an examination

77 prescribed by the department. The fee shall be three hundred fifteen
78 dollars for each initial application.

79 Sec. 503. Subsection (c) of section 20-195bb of the 2018 supplement
80 to the general statutes is repealed and the following is substituted in
81 lieu thereof (*Effective October 1, 2018*):

82 (c) No license as a professional counselor shall be required of the
83 following: (1) A person who furnishes uncompensated assistance in an
84 emergency; (2) a clergyman, priest, minister, rabbi or practitioner of
85 any religious denomination accredited by the religious body to which
86 the person belongs and settled in the work of the ministry, provided
87 the activities that would otherwise require a license as a professional
88 counselor are within the scope of ministerial duties; (3) a sexual assault
89 counselor, as defined in section 52-146k; (4) a person participating in
90 uncompensated group or individual counseling; (5) a person with a
91 master's degree in a health-related or human services-related field
92 employed by a hospital, as defined in subsection (b) of section 19a-490,
93 performing services in accordance with section 20-195aa under the
94 supervision of a person licensed by the state in one of the professions
95 identified in [subparagraphs (A) to (F)] clauses (i) to (vii), inclusive, of
96 subparagraph (C) of subdivision [(2)] (1) of subsection (a) of section 20-
97 195dd; (6) a person licensed or certified by any agency of this state and
98 performing services within the scope of practice for which licensed or
99 certified; (7) a student, intern or trainee pursuing a course of study in
100 counseling in a regionally accredited institution of higher education,
101 provided the activities that would otherwise require a license as a
102 professional counselor are performed under supervision and constitute
103 a part of a supervised course of study; (8) a person employed by an
104 institution of higher education to provide academic counseling in
105 conjunction with the institution's programs and services; (9) a
106 vocational rehabilitation counselor, job counselor, credit counselor,
107 consumer counselor or any other counselor or psychoanalyst who does
108 not purport to be a counselor whose primary service is the application
109 of established principles of psycho-social development and behavioral
110 science to the evaluation, assessment, analysis and treatment of

111 emotional, behavioral or interpersonal dysfunction or difficulties that
112 interfere with mental health and human development; or (10) a person
113 who earned a degree in accordance with the requirements of
114 subdivision (2) of subsection (a) of section 20-195dd, provided (A) the
115 activities performed and services provided by such person constitute
116 part of the supervised experience required for licensure under
117 subdivision (3) of subsection (a) of said section, and (B) not later than
118 two years after completion of such supervised experience, the
119 exemption to the licensure requirement shall cease [upon notification
120 that] if the person did not successfully complete the licensing
121 examination, as required under subdivision (4) of subsection (a) of said
122 section, [or one year after completion of such supervised experience,
123 whichever occurs first.]

124 Sec. 504. Subsection (a) of section 20-195f of the 2018 supplement to
125 the general statutes is repealed and the following is substituted in lieu
126 thereof (*Effective October 1, 2018*):

127 (a) No license as a marital and family therapist shall be required of:
128 (1) A student pursuing a course of study in an educational institution
129 meeting the requirements of section 20-195c if such activities constitute
130 a part of his supervised course of study; (2) a faculty member within
131 an institution of higher learning performing duties consistent with his
132 position; (3) a person holding a graduate degree in marriage and
133 family therapy; provided (A) the activities performed or services
134 provided by the person constitute part of the supervised work
135 experience required for licensure under subdivision (3) of subsection
136 (a) of section 20-195c, and (B) not later than two years after completion
137 of such supervised work experience, the exemption to the licensure
138 requirement shall cease [for a person who has completed the work
139 experience required for licensure and received notification that he or
140 she] if the person did not successfully complete the licensing
141 examination, as required under subdivision (4) of subsection (a) of said
142 section; [one year after completion of such work experience;] or (4) a
143 person licensed or certified in this state in a field other than marital
144 and family therapy practicing within the scope of such license or

145 certification.

146 Sec. 505. Subsection (a) of section 19a-36h of the 2018 supplement to
147 the general statutes is repealed and the following is substituted in lieu
148 thereof (*Effective from passage*):

149 (a) Not later than [July 1, 2018] January 1, 2019, the commissioner
150 shall adopt and administer by reference the United States Food and
151 Drug Administration's Food Code, as amended from time to time, and
152 any Food Code Supplement published by said administration as the
153 state's food code for the purpose of regulating food establishments.

154 Sec. 506. Subsection (a) of section 19a-36j of the 2018 supplement to
155 the general statutes is repealed and the following is substituted in lieu
156 thereof (*Effective from passage*):

157 (a) On and after [July 1, 2018] January 1, 2019, no person shall
158 engage in the practice of a food inspector unless such person has
159 obtained a certification from the commissioner in accordance with the
160 provisions of this section. The commissioner shall develop a training
161 and verification program for food inspector certification that shall be
162 administered by the food inspection training officer at a local health
163 department.

164 (1) Each person seeking certification as a food inspector shall submit
165 an application to the department on a form prescribed by the
166 commissioner and present to the department satisfactory evidence that
167 such person (A) is sponsored by the director of health in the
168 jurisdiction in which the applicant is employed to conduct food
169 inspections, (B) possesses a bachelor's degree or three years of
170 experience in a regulatory food protection program, (C) has
171 successfully completed a training and verification program, (D) has
172 successfully completed the field standardization inspection prescribed
173 by the commissioner, and (E) is not involved in the ownership or
174 management of a food establishment located in the applicant's
175 jurisdiction.

176 (2) Each director of health sponsoring an applicant for certification
177 as a food inspector shall submit to the commissioner a form
178 documenting the applicant's qualifications and successful completion
179 of the requirements described in subdivision (1) of this subsection.

180 (3) Certifications issued under this section shall be subject to
181 renewal once every three years. A food inspector applying for renewal
182 of his or her certification shall demonstrate successful completion of
183 twenty contact hours in food protection training, as approved by the
184 commissioner, and reassessment by the food inspection training
185 officer.

186 Sec. 507. Section 19a-36o of the 2018 supplement to the general
187 statutes is repealed and the following is substituted in lieu thereof
188 (*Effective from passage*):

189 Notwithstanding any provision of the general statutes, from June
190 30, 2017, until ~~June 30~~ December 31, 2018, a food service
191 establishment may request a variance from the Commissioner of
192 Public Health from the requirements of the Public Health Code,
193 established under section 19a-36, to utilize the process of sous vide and
194 acidification of sushi rice, as defined in section 3-502.11 of the United
195 States Food and Drug Administration's Food Code, as amended from
196 time to time. The Commissioner of Public Health shall review the
197 request for a variance and provide the food establishment with
198 notification regarding the status of its request not later than thirty days
199 after the commissioner receives such request. The commissioner may
200 grant such variance if he or she determines that such variance would
201 not result in a health hazard or nuisance.

202 Sec. 508. Subdivision (4) of section 19a-36i of the 2018 supplement to
203 the general statutes is repealed and the following is substituted in lieu
204 thereof (*Effective July 1, 2018*):

205 (4) Each class 2 food establishment, class 3 food establishment and
206 class 4 food establishment shall employ a certified food protection
207 manager. No person shall serve as a certified food protection manager

208 unless such person has satisfactorily passed a test as part of a food
209 protection manager certification program that is evaluated and
210 approved by an accrediting agency recognized by the Conference for
211 Food Protection as conforming to its standards for accreditation of
212 food protection manager certification programs. A certified food
213 inspector shall verify that the food protection manager is certified
214 upon inspection of the food establishment. The owner or manager of
215 the food service establishment shall designate an alternate person or
216 persons to be in charge at all times when the certified food protection
217 manager cannot be present. The alternate person or persons in charge
218 shall be responsible for ensuring the following: (A) All employees are
219 in compliance with the requirements of this section; (B) foods are
220 safely prepared in accordance with the requirements of the food code;
221 (C) emergencies are managed properly; (D) a food inspector is
222 admitted into the food establishment upon request; and (E) he or she
223 receives and signs inspection reports.

224 Sec. 509. Section 19a-4l of the general statutes is repealed and the
225 following is substituted in lieu thereof (*Effective October 1, 2018*):

226 There is established, within the Department of Public Health, an
227 Office of Oral Public Health. The director of the Office of Oral Public
228 Health shall be (1) a dental health professional with experience in
229 public health and a license to practice under chapter 379 or 379a, (2) a
230 person who holds the degree of doctor of medicine or doctor of
231 osteopathy from an accredited institution of higher education, or (3) a
232 public health professional with a graduate degree in public health, and
233 shall:

234 [(1)] (A) Coordinate and direct state activities with respect to state
235 and national dental public health programs;

236 [(2)] (B) Serve as the department's chief advisor on matters
237 involving oral health; and

238 [(3)] (C) Plan, implement and evaluate all oral health programs
239 within the department.

240 Sec. 510. Section 19a-491c of the 2018 supplement to the general
241 statutes is repealed and the following is substituted in lieu thereof
242 (*Effective July 1, 2018*):

243 (a) As used in this section:

244 (1) "Criminal history and patient abuse background search" or
245 "background search" means (A) a review of the registry of nurse's
246 aides maintained by the Department of Public Health pursuant to
247 section 20-102bb, (B) checks of state and national criminal history
248 records conducted in accordance with section 29-17a, and (C) a review
249 of any other registry specified by the Department of Public Health
250 which the department deems necessary for the administration of a
251 background search program.

252 (2) "Direct access" means physical access to a patient or resident of a
253 long-term care facility that affords an individual with the opportunity
254 to commit abuse or neglect against or misappropriate the property of a
255 patient or resident.

256 (3) "Disqualifying offense" means a conviction of any crime
257 described in 42 USC 1320a-7(a)(1), (2), (3) or (4) or a substantiated
258 finding of neglect, abuse or misappropriation of property by a state or
259 federal agency pursuant to an investigation conducted in accordance
260 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C).

261 (4) "Long-term care facility" means any facility, agency or provider
262 that is a nursing home, as defined in section 19a-521, a residential care
263 home, as defined in section 19a-521, a home health agency, as defined
264 in section 19a-490, an assisted living services agency, as defined in
265 section 19a-490, an intermediate care facility for individuals with
266 intellectual disabilities, as defined in 42 USC 1396d(d), except any such
267 facility operated by a Department of Developmental Services' program
268 subject to background checks pursuant to section 17a-227a, a chronic
269 disease hospital, as defined in section 19a-550, or an agency providing
270 hospice care which is licensed to provide such care by the Department
271 of Public Health or certified to provide such care pursuant to 42 USC

272 1395x.

273 (b) [(1) On or before July 1, 2012, the] The Department of Public
274 Health shall create and implement a criminal history and patient abuse
275 background search program, within available appropriations, in order
276 to facilitate the performance, processing and analysis of the criminal
277 history and patient abuse background search of individuals who have
278 direct access.

279 [(2) The Department of Public Health shall develop a plan to
280 implement the criminal history and patient abuse background search
281 program, in accordance with this section. In developing such plan, the
282 department shall (A) consult with the Commissioners of Emergency
283 Services and Public Protection, Developmental Services, Mental Health
284 and Addiction Services, Social Services and Consumer Protection, or
285 their designees, the State Long-Term Care Ombudsman, or a designee,
286 the chairperson of the Board of Pardons and Paroles, or a designee, a
287 representative of each category of long-term care facility and
288 representatives from any other agency or organization the
289 Commissioner of Public Health deems appropriate, (B) evaluate factors
290 including, but not limited to, the administrative and fiscal impact of
291 components of the program on state agencies and long-term care
292 facilities, background check procedures currently used by long-term
293 care facilities, federal requirements pursuant to Section 6201 of the
294 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
295 from time to time, and the effect of full and provisional pardons on
296 employment, and (C) outline (i) an integrated process with the
297 Department of Emergency Services and Public Protection to cross-
298 check and periodically update criminal information collected in
299 criminal databases, (ii) a process by which individuals with
300 disqualifying offenses can apply for a waiver, and (iii) the structure of
301 an Internet-based portal to streamline the criminal history and patient
302 abuse background search program. The Department of Public Health
303 shall submit such plan, including a recommendation as to whether
304 homemaker-companion agencies should be included in the scope of
305 the background search program, to the joint standing committees of

306 the General Assembly having cognizance of matters relating to aging,
307 appropriations and the budgets of state agencies, and public health, in
308 accordance with the provisions of section 11-4a, not later than
309 February 1, 2012.]

310 (c) (1) Except as provided in subdivision (2) of this subsection, each
311 long-term care facility, prior to extending an offer of employment to, or
312 entering into a contract for, the provision of long-term care services
313 with any individual who will have direct access, or prior to allowing
314 any individual to begin volunteering at such long-term care facility
315 when the long-term care facility reasonably expects such volunteer will
316 regularly perform duties that are substantially similar to those of an
317 employee with direct access, shall require that such individual submit
318 to a background search. The Department of Public Health shall
319 prescribe the manner by which (A) long-term care facilities perform
320 the review of (i) the registry of nurse's aides maintained by the
321 department pursuant to section 20-102bb, and (ii) any other registry
322 specified by the department, including requiring long-term care
323 facilities to report the results of such review to the department, and (B)
324 individuals submit to state and national criminal history records
325 checks, including requiring the Department of Emergency Services and
326 Public Protection to report the results of such checks to the Department
327 of Public Health.

328 (2) No long-term care facility shall be required to comply with the
329 provisions of this subsection if the individual provides evidence to the
330 long-term care facility that such individual submitted to a background
331 search conducted pursuant to subdivision (1) of this subsection not
332 more than three years immediately preceding the date such individual
333 applies for employment, seeks to enter into a contract or begins
334 volunteering with the long-term care facility and that the prior
335 background search confirmed that the individual did not have a
336 disqualifying offense.

337 (d) (1) The Department of Public Health shall review all reports
338 provided to the department pursuant to subsection (c) of this section. If

339 any such report contains evidence indicating that an individual has a
340 disqualifying offense, the department shall provide notice to the
341 individual and the long-term care facility indicating the disqualifying
342 offense and providing the individual with the opportunity to file a
343 request for a waiver pursuant to subdivisions (2) and (3) of this
344 subsection.

345 (2) An individual may file a written request for a waiver with the
346 department not later than thirty days after the date the department
347 mails notice to the individual pursuant to subdivision (1) of this
348 subsection. The department shall mail a written determination
349 indicating whether the department shall grant a waiver pursuant to
350 subdivision (3) of this subsection not later than fifteen business days
351 after the department receives the written request from the individual,
352 except that said time period shall not apply to any request for a waiver
353 in which an individual challenges the accuracy of the information
354 obtained from the background search.

355 (3) The department may grant a waiver from the provisions of
356 subsection (e) of this section to an individual who identifies mitigating
357 circumstances surrounding the disqualifying offense, including (A)
358 inaccuracy in the information obtained from the background search,
359 (B) lack of a relationship between the disqualifying offense and the
360 position for which the individual has applied, (C) evidence that the
361 individual has pursued or achieved rehabilitation with regard to the
362 disqualifying offense, or (D) that substantial time has elapsed since
363 committing the disqualifying offense. The department and its
364 employees shall be immune from liability, civil or criminal, that might
365 otherwise be incurred or imposed, for good faith conduct in granting
366 waivers pursuant to this subdivision.

367 (4) After completing a review pursuant to subdivision (1) of this
368 subsection, the department shall notify in writing the long-term care
369 facility to which the individual has applied for employment or with
370 which the individual seeks to enter into a contract or volunteer (A) of
371 any disqualifying offense and any information the individual provided

372 to the department regarding mitigating circumstances surrounding
373 such offense, or of the lack of a disqualifying offense, and (B) whether
374 the department granted a waiver pursuant to subdivision (3) of this
375 subsection.

376 (e) Notwithstanding the provisions of section 46a-80, no long-term
377 care facility shall employ an individual required to submit to a
378 background search, contract with any such individual to provide long-
379 term care services or allow such individual to volunteer if the long-
380 term care facility receives notice from the department that the
381 individual has a disqualifying offense in the individual's background
382 search and the department has not granted a waiver pursuant to
383 subdivision (3) of subsection (d) of this section. A long-term care
384 facility may, but is not obligated to, employ, enter into a contract with
385 or allow to volunteer an individual who was granted a waiver
386 pursuant to said subdivision (3).

387 (f) (1) Except as provided in subdivision (2) of this subsection, a
388 long-term care facility shall not employ, enter into a contract with or
389 allow to volunteer any individual required to submit to a background
390 search until the long-term care facility receives notice from the
391 Department of Public Health pursuant to subdivision (4) of subsection
392 (d) of this section.

393 (2) A long-term care facility may employ, enter into a contract with
394 or allow to volunteer an individual required to submit to a background
395 search on a conditional basis before the long-term care facility receives
396 notice from the department that such individual does not have a
397 disqualifying offense, provided: (A) The employment or contractual or
398 volunteer period on a conditional basis shall last not more than sixty
399 days, except the sixty-day time period may be extended by the
400 department to allow for the filing and consideration of written request
401 for a waiver of a disqualifying offense filed by an individual pursuant
402 to subsection (d) of this section, (B) the long-term care facility has
403 begun the review required under subsection (c) of this section and the
404 individual has submitted to checks pursuant to subsection (c) of this

405 section, (C) the individual is subject to direct, on-site supervision
406 during the course of such conditional employment or contractual or
407 volunteer period, and (D) the individual, in a signed statement (i)
408 affirms that the individual has not committed a disqualifying offense,
409 and (ii) acknowledges that a disqualifying offense reported in the
410 background search required by subsection (c) of this section shall
411 constitute good cause for termination and a long-term care facility may
412 terminate the individual if a disqualifying offense is reported in said
413 background search.

414 [(g) Notwithstanding the provisions of subsection (b) of this section,
415 the department may phase in implementation of the criminal history
416 and patient abuse background search program by category of long-
417 term care facility. No long-term care facility shall be required to
418 comply with the provisions of subsections (c), (e) and (f) of this section
419 until the date notice is published by the Commissioner of Public
420 Health in the Connecticut Law Journal indicating that the
421 commissioner is implementing the criminal history and patient abuse
422 background search program for the category of such long-term care
423 facility.]

424 (g) Records and information with respect to any individual that are
425 obtained by the department pursuant to this section shall not be
426 subject to disclosure under section 1-210.

427 (h) The department shall adopt regulations, in accordance with the
428 provisions of chapter 54, to implement the provisions of this section.
429 The department may implement policies and procedures consistent
430 with the provisions of this section while in the process of adopting
431 such policies and procedures as regulation, provided notice of
432 intention to adopt regulations is printed in the Connecticut Law
433 Journal not later than twenty days after the date of implementation.
434 Such policies and procedures shall be valid until the time final
435 regulations are effective.

436 Sec. 511. Section 17a-227a of the general statutes is repealed and the

437 following is substituted in lieu thereof (*Effective October 1, 2018*):

438 (a) The Commissioner of Developmental Services shall require each
439 applicant for employment in a Department of Developmental Services
440 program that provides direct services to persons with intellectual
441 disability to [submit to a check of such applicant's state criminal
442 background] be fingerprinted and submit to state and national
443 criminal history records checks. The criminal history records checks
444 required by this section shall be conducted in accordance with section
445 29-17a. Employment by the department shall be considered
446 conditional until the results of the criminal history records checks are
447 received and reviewed by the department.

448 (b) The commissioner may require [private sector service] providers
449 [under contract with or] licensed or funded by the department to
450 provide residential, day or support services to persons with
451 intellectual disability, to require each applicant for employment who
452 will have direct and ongoing contact with persons and families
453 receiving such services to submit to a check of such applicant's state
454 criminal background. If the department requires such providers to
455 have such applicants submit to such checks, the administrative costs
456 associated with such checks shall be considered an allowable cost on
457 the annual cost report. Employment by a provider licensed or funded
458 by the department shall be considered conditional until the results of
459 the background checks have been received and reviewed by the
460 provider.

461 [(c) If such checks are conducted, no applicant shall be hired by the
462 department or a private sector service provider until the results of such
463 checks are available.]

464 Sec. 512. Subdivision (4) of subsection (a) of section 20-74ee of the
465 general statutes is repealed and the following is substituted in lieu
466 thereof (*Effective from passage*):

467 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
468 20-74cc, inclusive, and this section shall be construed to: (A) Prohibit a

469 nuclear medicine technologist, as defined in section 20-74uu, who (i)
470 has successfully completed the individual certification exam for
471 computed tomography or magnetic resonance imaging administered
472 by the American Registry of Radiologic Technologists or the Nuclear
473 Medicine Technology Certification Board, and (ii) holds and maintains
474 in good standing, computed tomography or magnetic resonance
475 imaging certification by the American Registry of Radiologic
476 Technologists or the Nuclear Medicine Technology Certification Board
477 from fully operating a computed tomography or magnetic resonance
478 imaging portion of a hybrid-fusion imaging system, including
479 diagnostic imaging, in conjunction with a positron emission
480 tomography or single-photon emission computed tomography
481 imaging system; or (B) require a technologist who is certified by the
482 International Society for Clinical Densitometry or the American
483 Registry of Radiologic Technologists and who operates a bone
484 densitometry system under the supervision, control and responsibility
485 of a physician licensed pursuant to chapter 370, to be licensed as a
486 radiographer.

487 Sec. 513. Subsection (g) of section 21a-252 of the general statutes is
488 repealed and the following is substituted in lieu thereof (*Effective from*
489 *passage*):

490 (g) A physician assistant licensed pursuant to section 20-12b, in
491 good faith and in the course of the physician assistant's professional
492 practice only, may prescribe, dispense, and administer controlled
493 substances in schedule II, III, IV or V, or may cause the same to be
494 administered by [an advanced practice registered nurse,] a registered
495 nurse [,] or licensed practical nurse who is acting under a physician's
496 direction, to the extent permitted by the federal Controlled Substances
497 Act, the federal food and drug laws and state laws and regulations
498 relating to physician assistant practice.

499 Sec. 514. Section 20-74s of the 2018 supplement to the general
500 statutes is repealed and the following is substituted in lieu thereof
501 (*Effective October 1, 2018*):

502 (a) For purposes of this section and subdivision (18) of subsection (c)
503 of section 19a-14:

504 (1) "Commissioner" means the Commissioner of Public Health;

505 (2) "Licensed alcohol and drug counselor" means a person licensed
506 under the provisions of this section;

507 (3) "Certified alcohol and drug counselor" means a person certified
508 under the provisions of this section;

509 (4) "Practice of alcohol and drug counseling" means [the
510 professional application of methods that assist an individual or group
511 to develop an understanding of alcohol and drug dependency
512 problems, define goals, and plan action reflecting the individual's or
513 group's interest, abilities and needs as affected by alcohol and drug
514 dependency problems] (A) the clinical evaluation by a licensed alcohol
515 and drug counselor of substance use disorders and co-occurring
516 disorders, including screening, assessment and diagnosis, treatment
517 planning, counseling, therapy, trauma-informed care and
518 psychoeducation with individuals, families and groups in the areas of
519 substance use disorders and co-occurring disorders, and may include,
520 as appropriate, [(A)] (i) conducting a substance use disorder screening
521 or psychosocial history evaluation of an individual to document the
522 individual's use of drugs prescribed for pain, other prescribed drugs,
523 illegal drugs and alcohol to determine the individual's risk for
524 substance abuse, [(B)] (ii) developing a preliminary diagnosis for the
525 individual based on such screening or evaluation, [(C)] (iii)
526 determining the individual's risk for abuse of drugs prescribed for
527 pain, other prescribed drugs, illegal drugs and alcohol, [(D)] (iv)
528 developing a treatment plan and referral options for the individual to
529 ensure the individual's recovery support needs are met, and [(E)] (v)
530 developing and submitting an opioid use consultation report to an
531 individual's primary care provider to be reviewed by the primary care
532 provider and included in the individual's medical record, or (B) the
533 professional application by a certified alcohol and drug counselor of

534 methods that assist an individual or group to develop an
535 understanding of alcohol and drug dependency problems, define goals
536 and plan action reflecting the individual's or group's interest, abilities
537 and needs as affected by alcohol and drug dependency problems;

538 (5) "Private practice of alcohol and drug counseling" means the
539 independent practice of alcohol and drug counseling by a licensed or
540 certified alcohol and drug counselor who is self-employed on a full-
541 time or part-time basis and who is responsible for that independent
542 practice;

543 (6) "Self-help group" means a voluntary group of persons who offer
544 peer support to each other in recovering from an addiction; [and]

545 (7) "Supervision" means the regular on-site observation, by a
546 licensed alcohol and drug counselor or other licensed mental health
547 professional whose scope of practice includes the screening,
548 assessment, diagnosis and treatment of substance use disorders and
549 co-occurring disorders, of the functions and activities of an alcohol and
550 drug counselor in the performance of his or her duties and
551 responsibilities to include a review of the records, reports, treatment
552 plans or recommendations with respect to an individual or group;

553 (8) "Substance use disorder" means the recurrent use of alcohol or
554 drugs that leads to clinically and functionally significant impairment,
555 including, but not limited to, health problems, disability and failure to
556 meet major responsibilities at work, school or home; and

557 (9) "Co-occurring disorder" means the presence of a concurrent
558 psychiatric or medical disorder in combination with a substance use
559 disorder.

560 (b) Except as provided in subsections (s) to (x), inclusive, of this
561 section, no person shall engage in the practice of alcohol and drug
562 counseling unless licensed as a licensed alcohol and drug counselor
563 pursuant to subsection (d) of this section or certified as a certified
564 alcohol and drug counselor pursuant to subsection (e) of this section.

565 (c) Except as provided in subsections (s) to (x), inclusive, of this
566 section, no person shall engage in the private practice of alcohol and
567 drug counseling unless (1) licensed as a licensed alcohol and drug
568 counselor pursuant to subsection (d) of this section, or (2) certified as a
569 certified alcohol and drug counselor pursuant to subsection (e) of this
570 section and practicing under the supervision of a licensed alcohol and
571 drug counselor.

572 (d) To be eligible for licensure as a licensed alcohol and drug
573 counselor, an applicant shall (1) have attained a master's degree from
574 an accredited institution of higher education in social work, marriage
575 and family therapy, counseling, psychology or a related field approved
576 by the commissioner that included a minimum of eighteen graduate
577 semester hours in counseling or counseling-related subjects, except
578 applicants holding certified clinical supervisor status by the
579 Connecticut Certification Board, Inc. as of October 1, 1998, may
580 substitute such certification in lieu of the master's degree requirement,
581 and (2) have completed the certification eligibility requirements
582 described in subsection (e) of this section.

583 (e) To be eligible for certification by the Department of Public
584 Health as a certified alcohol and drug counselor, an applicant shall
585 have (1) completed three hundred hours of supervised practical
586 training in alcohol and drug counseling that the commissioner deems
587 acceptable; (2) completed three years of supervised paid work
588 experience or unpaid internship that the commissioner deems
589 acceptable that entailed working directly with alcohol and drug clients,
590 except that a master's degree may be substituted for one year of such
591 experience; (3) completed three hundred sixty hours of commissioner-
592 approved education, at least two hundred forty hours of which relates
593 to the knowledge and skill base associated with the practice of alcohol
594 and drug counseling; and (4) successfully completed a department
595 prescribed examination.

596 (f) For individuals applying for certification as an alcohol and drug
597 counselor by the Department of Public Health prior to October 1, 1998,

598 current certification by the Department of Mental Health and
599 Addiction Services may be substituted for the certification
600 requirements of subsection (e) of this section.

601 (g) The commissioner shall grant a license as an alcohol and drug
602 counselor to any applicant who furnishes satisfactory evidence that
603 such applicant has met the requirements of subsection (d) or (o) of this
604 section. The commissioner shall develop and provide application
605 forms. The application fee shall be one hundred ninety dollars.

606 (h) A license as an alcohol and drug counselor shall be renewed in
607 accordance with the provisions of section 19a-88 for a fee of one
608 hundred ninety-five dollars.

609 (i) The commissioner shall grant certification as a certified alcohol
610 and drug counselor to any applicant who furnishes satisfactory
611 evidence that such applicant has met the requirements of subsection
612 (e) or (o) of this section. The commissioner shall develop and provide
613 application forms. The application fee shall be one hundred ninety
614 dollars.

615 (j) A certificate as an alcohol and drug counselor may be renewed in
616 accordance with the provisions of section 19a-88 for a fee of one
617 hundred ninety-five dollars.

618 (k) The commissioner may contract with a qualified private
619 organization for services that include (1) providing verification that
620 applicants for licensure or certification have met the education,
621 training and work experience requirements under this section; and (2)
622 any other services that the commissioner may deem necessary.

623 (l) Any person who has attained a master's level degree and is
624 certified by the Connecticut Certification Board as a substance abuse
625 counselor on or before July 1, 2000, shall be deemed a licensed alcohol
626 and drug counselor. Any person so deemed shall renew such person's
627 license pursuant to section 19a-88 for a fee of one hundred ninety-five
628 dollars.

629 (m) Any person who has not attained a master's level degree and is
630 certified by the Connecticut Certification Board as a substance abuse
631 counselor on or before July 1, 2000, shall be deemed a certified alcohol
632 and drug counselor. Any person so deemed shall renew such person's
633 certification pursuant to section 19a-88 for a fee of one hundred ninety-
634 five dollars.

635 (n) Any person who is not certified by the Connecticut Certification
636 Board as a substance abuse counselor on or before July 1, 2000, who (1)
637 documents to the department that such person has a minimum of five
638 years full-time or eight years part-time paid work experience, under
639 supervision, as an alcohol and drug counselor, and (2) successfully
640 passes a commissioner-approved examination no later than July 1,
641 2000, shall be deemed a certified alcohol and drug counselor. Any
642 person so deemed shall renew such person's certification pursuant to
643 section 19a-88 for a fee of one hundred ninety-five dollars.

644 (o) The commissioner may license or certify without examination
645 any applicant who, at the time of application, is licensed or certified by
646 a governmental agency or private organization located in another
647 state, territory or jurisdiction whose standards, in the opinion of the
648 commissioner, are substantially similar to, or higher than, those of this
649 state.

650 (p) No person shall assume, represent himself as, or use the title or
651 designation "alcoholism counselor", "alcohol counselor", "alcohol and
652 drug counselor", "alcoholism and drug counselor", "licensed clinical
653 alcohol and drug counselor", "licensed alcohol and drug counselor",
654 "licensed associate alcohol and drug counselor", "certified alcohol and
655 drug counselor", "chemical dependency counselor", "chemical
656 dependency supervisor" or any of the abbreviations for such titles,
657 unless licensed or certified under subsections (g) to (n), inclusive, of
658 this section and unless the title or designation corresponds to the
659 license or certification held.

660 (q) The commissioner shall adopt regulations, in accordance with

661 chapter 54, to implement provisions of this section.

662 (r) The commissioner may suspend, revoke or refuse to issue a
663 license in circumstances that have endangered or are likely to
664 endanger the health, welfare or safety of the public.

665 (s) Nothing in this section shall be construed to apply to the
666 activities and services of a rabbi, priest, minister, Christian Science
667 practitioner or clergyman of any religious denomination or sect, when
668 engaging in activities that are within the scope of the performance of
669 the person's regular or specialized ministerial duties and for which no
670 separate charge is made, or when these activities are performed, with
671 or without charge, for or under the auspices or sponsorship,
672 individually or in conjunction with others, of an established and
673 legally cognizable church, denomination or sect, and when the person
674 rendering services remains accountable to the established authority
675 thereof.

676 (t) Nothing in this section shall be construed to apply to the
677 activities and services of a person licensed in this state to practice
678 medicine and surgery, psychology, marital and family therapy, clinical
679 social work, professional counseling, advanced practice registered
680 nursing or registered nursing, when such person is acting within the
681 scope of the person's license and doing work of a nature consistent
682 with that person's license, provided the person does not hold himself
683 or herself out to the public as possessing a license or certification
684 issued pursuant to this section.

685 (u) Nothing in this section shall be construed to apply to the
686 activities and services of a student intern or trainee in alcohol and drug
687 counseling who is pursuing a course of study in an accredited
688 institution of higher education or training course, provided these
689 activities are performed under supervision and constitute a part of an
690 accredited course of study, and provided further the person is
691 designated as an intern or trainee or other such title indicating the
692 training status appropriate to his level of training.

693 (v) Nothing in this section shall apply to individuals who are on
694 October 1, 2010, employed by a state agency as a rehabilitation
695 counselor who is acting in the capacity of an alcohol and drug
696 counselor.

697 (w) Nothing in this section shall be construed to apply to the
698 activities and services of paid alcohol and drug counselors who are
699 working under supervision or uncompensated alcohol and drug abuse
700 self-help groups, including, but not limited to, Alcoholics Anonymous
701 and Narcotics Anonymous.

702 (x) The provisions of this section shall apply to employees of the
703 Department of Correction, other than trainees or student interns
704 covered under subsection (u) of this section and persons completing
705 supervised paid work experience in order to satisfy mandated clinical
706 supervision requirements for certification under subsection (e) of this
707 section, as follows: (1) Any person hired by the Department of
708 Correction on or after October 1, 2002, for a position as a substance
709 abuse counselor or supervisor of substance abuse counselors shall be a
710 licensed or certified alcohol and drug counselor; (2) any person
711 employed by the Department of Correction prior to October 1, 2002, as
712 a substance abuse counselor or supervisor of substance abuse
713 counselors shall become licensed or certified as an alcohol and drug
714 counselor by October 1, 2007; and (3) any person employed by the
715 Department of Correction on or after October 1, 2007, as a substance
716 abuse counselor or supervisor of substance abuse counselors shall be a
717 licensed or certified alcohol and drug counselor.

718 (y) [On and after July 12, 2013, no] No initial license to engage in the
719 practice of alcohol and drug counseling shall be issued unless the
720 applicant meets the requirements of this section to practice alcohol and
721 drug counseling. The foregoing provision shall not apply to alcohol
722 and drug counselors licensed in this state on or after June 15, 2012, and
723 prior to July 12, 2013.

724 [(z) Nothing in this section shall be construed to prohibit or limit the

725 ability of a licensed alcohol and drug counselor, who in the practice of
726 alcohol and drug counseling, provides counseling services to an
727 individual diagnosed with a co-occurring mental health condition
728 other than alcohol and drug dependency, provided such counseling
729 services are within the scope of practice of a licensed alcohol and drug
730 counselor as described in this section.]

731 Sec. 515. Section 4-28f of the general statutes is repealed and the
732 following is substituted in lieu thereof (*Effective October 1, 2018*):

733 (a) There is created a Tobacco and Health Trust Fund which shall be
734 a separate nonlapsing fund. The purpose of the trust fund shall be to
735 create a continuing significant source of funds to (1) support and
736 encourage development of programs to reduce tobacco abuse through
737 prevention, education and cessation programs, (2) support and
738 encourage development of programs to reduce substance abuse, and
739 (3) develop and implement programs to meet the unmet physical and
740 mental health needs in the state.

741 (b) The trust fund may accept transfers from the Tobacco Settlement
742 Fund and may apply for and accept gifts, grants or donations from
743 public or private sources to enable the trust fund to carry out its
744 objectives.

745 (c) The trust fund shall be administered by a board of trustees,
746 except that the board shall suspend its operations from July 1, 2003, to
747 June 30, 2005, inclusive. The board shall consist of seventeen trustees.
748 The appointment of the initial trustees shall be as follows: (1) The
749 Governor shall appoint four trustees, one of whom shall serve for a
750 term of one year from July 1, 2000, two of whom shall serve for a term
751 of two years from July 1, 2000, and one of whom shall serve for a term
752 of three years from July 1, 2000; (2) the speaker of the House of
753 Representatives and the president pro tempore of the Senate each shall
754 appoint two trustees, one of whom shall serve for a term of two years
755 from July 1, 2000, and one of whom shall serve for a term of three years
756 from July 1, 2000; (3) the majority leader of the House of

757 Representatives and the majority leader of the Senate each shall
758 appoint two trustees, one of whom shall serve for a term of one year
759 from July 1, 2000, and one of whom shall serve for a term of three years
760 from July 1, 2000; (4) the minority leader of the House of
761 Representatives and the minority leader of the Senate each shall
762 appoint two trustees, one of whom shall serve for a term of one year
763 from July 1, 2000, and one of whom shall serve for a term of two years
764 from July 1, 2000; and (5) the Secretary of the Office of Policy and
765 Management, or the secretary's designee, shall serve as an ex-officio
766 voting member. Following the expiration of such initial terms,
767 subsequent trustees shall serve for a term of three years. The period of
768 suspension of the board's operations from July 1, 2003, to June 30, 2005,
769 inclusive, shall not be included in the term of any trustee serving on
770 July 1, 2003. The trustees shall serve without compensation except for
771 reimbursement for necessary expenses incurred in performing their
772 duties. The board of trustees shall establish rules of procedure for the
773 conduct of its business which shall include, but not be limited to,
774 criteria, processes and procedures to be used in selecting programs to
775 receive money from the trust fund. The trust fund shall be within the
776 Office of Policy and Management for administrative purposes only.
777 The board of trustees shall, [meet not less than biannually, except
778 during the fiscal years ending June 30, 2004, and June 30, 2005, and,]
779 not later than January first of each year, except [during the fiscal years
780 ending June 30, 2004, and June 30, 2005] following a fiscal year in
781 which the trust fund does not receive a deposit from the Tobacco
782 Settlement Fund, shall submit a report of its activities and
783 accomplishments to the joint standing committees of the General
784 Assembly having cognizance of matters relating to public health and
785 appropriations and the budgets of state agencies, in accordance with
786 section 11-4a.

787 (d) (1) During the period commencing July 1, 2000, and ending June
788 30, 2003, the board of trustees, by majority vote, may recommend
789 authorization of disbursement from the trust fund for the purposes
790 described in subsection (a) of this section and section 19a-6d, provided

791 the board may not recommend authorization of disbursement of more
792 than fifty per cent of net earnings from the principal of the trust fund
793 for such purposes. For the fiscal year commencing July 1, 2005, and
794 each fiscal year thereafter, the board may recommend authorization of
795 the net earnings from the principal of the trust fund for such purposes.
796 For the fiscal year ending June 30, 2009, and each fiscal year thereafter,
797 the board may recommend authorization of disbursement for such
798 purposes of (A) up to one-half of the annual disbursement from the
799 Tobacco Settlement Fund to the Tobacco and Health Trust Fund from
800 the previous fiscal year, pursuant to section 4-28e, up to a maximum of
801 six million dollars per fiscal year, and (B) the net earnings from the
802 principal of the trust fund from the previous fiscal year. For the fiscal
803 year ending June 30, 2014, and each fiscal year thereafter, the board
804 may recommend authorization of disbursement of up to the total
805 unobligated balance remaining in the trust fund after disbursement in
806 accordance with the provisions of the general statutes and relevant
807 special and public acts for such purposes, not to exceed twelve million
808 dollars per fiscal year. The board's recommendations shall give (i)
809 priority to programs that address tobacco and substance abuse and
810 serve minors, pregnant women and parents of young children, and (ii)
811 consideration to the availability of private matching funds.
812 Recommended disbursements from the trust fund shall be in addition
813 to any resources that would otherwise be appropriated by the state for
814 such purposes and programs.

815 (2) Except during the fiscal years ending June 30, 2004, and June 30,
816 2005, the board of trustees shall submit such recommendations for the
817 authorization of disbursement from the trust fund to the joint standing
818 committees of the General Assembly having cognizance of matters
819 relating to public health and appropriations and the budgets of state
820 agencies. Not later than thirty days after receipt of such
821 recommendations, said committees shall advise the board of their
822 approval, modifications, if any, or rejection of the board's
823 recommendations. If said joint standing committees do not concur, the
824 speaker of the House of Representatives, the president pro tempore of

825 the Senate, the majority leader of the House of Representatives, the
826 majority leader of the Senate, the minority leader of the House of
827 Representatives and the minority leader of the Senate each shall
828 appoint one member from each of said joint standing committees to
829 serve as a committee on conference. The committee on conference shall
830 submit its report to both committees, which shall vote to accept or
831 reject the report. The report of the committee on conference may not be
832 amended. If a joint standing committee rejects the report of the
833 committee on conference, the board's recommendations shall be
834 deemed approved. If the joint standing committees accept the report of
835 the committee on conference, the joint standing committee having
836 cognizance of matters relating to appropriations and the budgets of
837 state agencies shall advise the board of said joint standing committees'
838 approval or modifications, if any, of the board's recommended
839 disbursement. If said joint standing committees do not act within thirty
840 days after receipt of the board's recommendations for the
841 authorization of disbursement, such recommendations shall be
842 deemed approved. Disbursement from the trust fund shall be in
843 accordance with the board's recommendations as approved or
844 modified by said joint standing committees.

845 (3) After such recommendations for the authorization of
846 disbursement have been approved or modified pursuant to
847 subdivision (2) of this subsection, any modification in the amount of an
848 authorized disbursement in excess of fifty thousand dollars or ten per
849 cent of the authorized amount, whichever is less, shall be submitted to
850 said joint standing committees and approved, modified or rejected in
851 accordance with the procedure set forth in subdivision (2) of this
852 subsection. Notification of all disbursements from the trust fund made
853 pursuant to this section shall be sent to the joint standing committees
854 of the General Assembly having cognizance of matters relating to
855 public health and appropriations and the budgets of state agencies,
856 through the Office of Fiscal Analysis.

857 (4) The board of trustees shall, not later than February first of each
858 year, except [during the fiscal years ending June 30, 2004, and June 30,

859 2005] following a fiscal year in which the trust fund does not receive a
860 deposit from the Tobacco Settlement Fund, submit a report to the
861 General Assembly, in accordance with the provisions of section 11-4a,
862 that includes all disbursements and other expenditures from the trust
863 fund and an evaluation of the performance and impact of each
864 program receiving funds from the trust fund. Such report shall also
865 include the criteria and application process used to select programs to
866 receive such funds.

867 Sec. 516. Subsection (b) of section 19a-42a of the general statutes is
868 repealed and the following is substituted in lieu thereof (*Effective July*
869 *1, 2018*):

870 (b) Except for the IV-D agency, as provided in subsection (a) of this
871 section, the department shall restrict access to and issuance of certified
872 copies of acknowledgments of paternity to the following parties: (1)
873 Parents named on the acknowledgment of paternity; (2) the person
874 whose birth is acknowledged, if such person is [over] eighteen years of
875 age or older; (3) a guardian of the person whose birth is
876 acknowledged; (4) an authorized representative of the Department of
877 Social Services; [(4)] (5) an attorney representing such person or a
878 parent named on the acknowledgment; or [(5)] (6) agents of a state or
879 federal agency, as approved by the department.

880 Sec. 517. Section 19a-200 of the general statutes is repealed and the
881 following is substituted in lieu thereof (*Effective July 1, 2018*):

882 (a) The mayor of each city, [the warden of each borough, and] the
883 chief executive officer of each town and the warden of each borough
884 shall, unless the charter of such city, town or borough otherwise
885 provides, nominate some person to be director of health for such city,
886 town or borough, which nomination shall be confirmed or rejected by
887 the board of selectmen, if there be such a board, otherwise by the
888 legislative body of such city or town or by the burgesses of such
889 borough within thirty days thereafter. Notwithstanding the charter
890 provisions of any city, town or borough with respect to the

891 qualifications of the director of health, on and after October 1, 2010,
892 any person nominated to be a director of health shall (1) be a licensed
893 physician and hold a degree in public health from an accredited
894 school, college, university or institution, or (2) hold a graduate degree
895 in public health from an accredited [school, college or] institution of
896 higher education. The educational requirements of this section shall
897 not apply to any director of health nominated or otherwise appointed
898 as director of health prior to October 1, 2010. In cities, towns or
899 boroughs with a population of forty thousand or more for five
900 consecutive years, according to the estimated population figures
901 authorized pursuant to subsection (b) of section 8-159a, such director
902 of health shall serve in a full-time capacity, except where a town has
903 designated such director as the chief medical advisor for its public
904 schools under section 10-205, and shall not, during such director's term
905 of office, have any financial interest in or engage in any employment,
906 transaction or professional activity that is in substantial conflict with
907 the proper discharge of the duties required of directors of health by the
908 general statutes or the [Public Health Code] regulations of Connecticut
909 state agencies or specified by the appointing authority of the city, town
910 or borough in its written agreement with such director. Such director
911 of health shall have and exercise within the limits of the city, town or
912 borough for which such director is appointed all powers necessary for
913 enforcing the general statutes, provisions of the [Public Health Code]
914 regulations of Connecticut state agencies relating to the preservation
915 and improvement of the public health and preventing the spread of
916 diseases therein. In case of the absence or inability to act of a city, town
917 or borough director of health or if a vacancy exists in the office of such
918 director, the appointing authority of such city, town or borough may,
919 with the approval of the Commissioner of Public Health, designate in
920 writing a suitable person to serve as acting director of health during
921 the period of such absence or inability or vacancy, provided the
922 commissioner may appoint such acting director if the city, town or
923 borough fails to do so. The person so designated, when sworn, shall
924 have all the powers and be subject to all the duties of such director. In
925 case of vacancy in the office of such director, if such vacancy exists for

926 thirty days, said commissioner may appoint a director of health for
927 such city, town or borough. Said commissioner, may, for cause,
928 remove an officer the commissioner or any predecessor in said office
929 has appointed, and the common council of such city, town or the
930 burgesses of such borough may, respectively, for cause, remove a
931 director whose nomination has been confirmed by them, provided
932 such removal shall be approved by said commissioner; and, within
933 two days thereafter, notice in writing of such action shall be given by
934 the clerk of such city, town or borough, as the case may be, to said
935 commissioner, who shall, within ten days after receipt, file with the
936 clerk from whom the notice was received, approval or disapproval.
937 Each such director of health shall hold office for the term of four years
938 from the date of appointment and until a successor is nominated and
939 confirmed in accordance with this section. Each director of health shall,
940 annually, at the end of the fiscal year of the city, town or borough, file
941 with the Department of Public Health a report of the doings as such
942 director for the year preceding.

943 (b) On and after July 1, 1988, each [municipality] city, town and
944 borough shall provide for the services of a sanitarian [certified]
945 licensed under chapter 395 to work under the direction of the local
946 director of health. Where practical, the local director of health may act
947 as the sanitarian.

948 (c) As used in this chapter, "authorized agent" means a sanitarian
949 [certified] licensed under chapter 395 and any individual certified for a
950 specific program of environmental health by the Commissioner of
951 Public Health in accordance with the [Public Health Code] general
952 statutes and regulations of Connecticut state agencies.

953 Sec. 518. Section 19a-242 of the general statutes is repealed and the
954 following is substituted in lieu thereof (*Effective July 1, 2018*):

955 (a) The board shall, after approval of the Commissioner of Public
956 Health, appoint some discreet person, possessing the qualifications
957 specified in section 19a-244, to be director of health for such district,

958 and if [he] the director of health is not selected within sixty days from
959 the formation of any such district, or if a vacancy in said office
960 continues to exist for sixty days, such director shall then be appointed
961 by said commissioner. The board may appoint a person to serve as the
962 acting director of health during such time as the director of health is
963 absent or a vacancy exists, provided such acting director shall meet the
964 qualifications for directors of health in section 19a-244, or such other
965 qualifications as may be approved by said commissioner. Upon the
966 appointment of a director of health under the provisions of this
967 section, the terms of office of the directors of health of the towns, cities
968 or boroughs forming such district shall terminate.

969 (b) Such director of health may be removed whenever a majority of
970 the [directors] board of such health district [find] finds that such
971 director of health is guilty of misconduct, material neglect of duty or
972 incompetence in the conduct of [his] such director's office.

973 (c) On and after July 1, 1988, each district health department shall
974 provide for the services of a sanitarian [certified] licensed under
975 chapter 395 to work under the direction of the district director of
976 health. Where practical, the district director of health may act as the
977 sanitarian.

978 (d) As used in this chapter, "authorized agent" means a sanitarian
979 [certified] licensed under chapter 395 and any individual certified for a
980 specific program of environmental health by the Commissioner of
981 Public Health in accordance with the [Public Health Code] general
982 statutes and regulations of Connecticut state agencies.

983 Sec. 519. Subsection (a) of section 19a-243 of the general statutes is
984 repealed and the following is substituted in lieu thereof (*Effective July*
985 *1, 2018*):

986 (a) Each board may make and adopt reasonable rules and
987 regulations for the promotion of general health within the district not
988 in conflict with law or with the [Public Health Code] general statutes
989 or regulations of Connecticut state agencies. The powers of each

990 district shall include but not be limited to the following enumerated
991 powers: (1) To sue and be sued; (2) to make and execute contracts and
992 other instruments necessary or convenient to the exercise of the
993 powers of the health district; (3) to make and from time to time amend
994 and repeal bylaws, rules and regulations; (4) to acquire real estate; (5)
995 to provide for the financing of the programs, projects or other
996 functions of the district in the manner described in subsection (b) of
997 this section; [and] (6) to join an existing health district; and (7) to have
998 such other powers as are necessary to properly carry out its powers as
999 an independent entity of government.

1000 Sec. 520. (NEW) (*Effective October 1, 2018*) (a) As used in this section:

1001 (1) "Small community water system" means a water company that
1002 regularly serves at least twenty-five, but not more than one thousand,
1003 year-round residents;

1004 (2) "Unaccounted for water loss" means water that the small
1005 community water system supplies to its distribution system, but that
1006 never reaches its consumers;

1007 (3) "Useful life" means a manufacturer's recommended life or the
1008 estimated lifespan of a water company's capital asset, taking into
1009 consideration the service history and the condition of such capital asset
1010 at the time a fiscal and asset management plan is prepared; and

1011 (4) "Water company" has the same meaning as provided in section
1012 25-32a of the general statutes.

1013 (b) Each small community water system shall prepare a fiscal and
1014 asset management plan for all of the capital assets that comprise such
1015 system. The fiscal and asset management plan shall include, but need
1016 not be limited to, (1) a list of all capital assets of the small community
1017 water system, (2) the useful life of such capital assets, which shall be
1018 based on the current condition of such capital assets, (3) the
1019 maintenance and service history of such capital assets, (4) the
1020 manufacturer's recommendation regarding such capital assets, and (5)

1021 the small community water system's plan for the reconditioning,
1022 refurbishment or replacement of such capital assets. Such fiscal and
1023 asset management plan shall also provide information regarding
1024 whether the small community water system has any unaccounted for
1025 water loss, the amount of such unaccounted for water loss, what is
1026 causing such unaccounted for water loss and the measures the small
1027 community water system is taking to reduce such unaccounted for
1028 water loss. Each small community water system shall make the
1029 assessment of its hydropneumatic pressure tanks its initial priority in
1030 its preparation of the fiscal and asset management plan.

1031 (c) Each small community water system shall complete the fiscal
1032 and asset management plan for all of its capital assets not later than
1033 January 1, 2021. Following the completion of the initial fiscal and asset
1034 management plan, each small community water system shall update
1035 such fiscal and asset management plan annually and make such fiscal
1036 and asset management plan available to the department upon request.

1037 (d) Each small community water system shall complete, on a form
1038 developed by the Department of Public Health, the fiscal and asset
1039 management plan assessment review of its hydropneumatic pressure
1040 tanks not later than May 2, 2019.

1041 (e) This section shall not apply to a small community water system
1042 that is (1) regulated by the Public Utilities Regulatory Authority, (2)
1043 subject to the requirements set forth in section 25-32d of the general
1044 statutes, or (3) a state agency.

1045 (f) The provisions of this section shall be deemed to relate to the
1046 purity and adequacy of water supplies for the purposes of the
1047 imposition of a penalty under section 25-32e of the general statutes, as
1048 amended by this act.

1049 (g) The Commissioner of Public Health may adopt regulations, in
1050 accordance with the provisions of chapter 54 of the general statutes, to
1051 carry out the provisions of this section.

1052 Sec. 521. Subsections (a) to (e), inclusive, of section 25-32e of the
1053 general statutes are repealed and the following is substituted in lieu
1054 thereof (*Effective October 1, 2018*):

1055 (a) If, upon review, investigation or inspection, the Commissioner of
1056 Public Health determines that a water company has violated any
1057 provision of section 25-32, section 25-32d or any regulation adopted
1058 under section 25-32d, or any [regulation in the Public Health Code
1059 relating] provision of title 19 or 25 or any regulation promulgated
1060 pursuant to said titles that relate to the purity and adequacy of water
1061 supplies or to the testing of water supplies or any report of such
1062 testing, the commissioner may impose a civil penalty not to exceed five
1063 thousand dollars per violation per day upon such water company.
1064 Governmental immunity shall not be a defense against the imposition
1065 of any civil penalty imposed pursuant to this section. [The
1066 commissioner shall adopt regulations, in accordance with the
1067 provisions of chapter 54,] In establishing a schedule or schedules of the
1068 amounts, or the ranges of amounts, of civil penalties which may be
1069 imposed under this section, [. In adopting such regulations,] the
1070 commissioner shall consider the size of or the number of persons
1071 served by the water company, the level of assessment necessary to
1072 insure immediate and continued compliance with such provision, and
1073 the character and degree of injury or impairment to or interference
1074 with or threat thereof to: (1) The purity of drinking water supplies; (2)
1075 the adequacy of drinking water supplies; and (3) the public health,
1076 safety or welfare. [No such civil penalty may be imposed until the
1077 regulations required by this subsection have been adopted.] The
1078 commissioner shall publish annually, or as the commissioner deems
1079 necessary in response to any guidelines or ruling promulgated by the
1080 United States Environmental Protection Agency, a schedule of the
1081 amounts, or ranges of amounts, of civil penalties that may be imposed
1082 under this section on the Department of Public Health's Internet web
1083 site if the civil penalty for a violation under this section has not been
1084 established by statute. Notwithstanding the provisions of chapter 54,
1085 the commissioner shall not be required to adopt or revise any

1086 regulations regarding the imposition of civil penalties when
1087 publishing such schedule. Not less than six months prior to publishing
1088 such schedule, the commissioner shall publish notice in the
1089 Connecticut Law Journal of his or her intention to publish such
1090 schedule on the department's Internet web site. Such notice shall
1091 include such schedule and the date on which the commissioner intends
1092 to hold a public hearing on such schedule and indicate that public
1093 comment on such schedule shall be provided to the commissioner not
1094 later than thirty days after the date of publication of such notice. The
1095 commissioner shall hold the public hearing on such schedule not later
1096 than thirty days after the date of publishing such notice. The
1097 commissioner shall take any public comments received under this
1098 subsection into consideration in establishing such schedule. The
1099 commissioner shall publish a document responding to such comments
1100 on the department's Internet web site not less than one month prior to
1101 publishing such schedule.

1102 (b) In setting a civil penalty in a particular case, where the civil
1103 penalty has not been established by statute or pursuant to the schedule
1104 in subsection (a) of this section, the commissioner shall consider all
1105 factors which the commissioner deems relevant, including, but not
1106 limited to, the following: (1) The amount of assessment necessary to
1107 [insure] ensure immediate and continued compliance with such
1108 provision; (2) the character and degree of impact of the violation on the
1109 purity and adequacy of drinking water supplies; (3) whether the water
1110 company incurring the civil penalty is taking all feasible steps or
1111 procedures necessary or appropriate to comply with such provisions
1112 or to correct the violation; (4) any prior violations by such water
1113 company of statutes, regulations, orders or permits administered,
1114 adopted or issued by the commissioner; (5) the character and degree of
1115 injury to, or interference with, public health, safety or welfare which
1116 has been or may be caused by such violation; and (6) [after the
1117 adoption of the federal Safe Drinking Water Act Public Notification
1118 Rule pursuant to section 5 of public act 01-185,] whether the consumers
1119 of the water company have been notified of such violation pursuant to

1120 [such rule] section 19-13-B102 of the regulations of Connecticut state
1121 agencies.

1122 (c) If the commissioner has reason to believe that a violation has
1123 occurred, the commissioner may impose a penalty if compliance is not
1124 achieved by a specified date and send to the suspected violator, by
1125 certified mail, return receipt requested, or personal service at the
1126 address filed with the department by the water company as required
1127 under subsection (a) of section 25-33 or, if the water company did not
1128 file an address as required under said subsection, to the last known
1129 address of the water company on file at the department, a notice which
1130 shall include: (1) A reference to the sections of the statute or regulation
1131 involved; (2) a short and plain statement of the [matters asserted or
1132 charged] violation; (3) a statement of the amount of the civil penalty or
1133 penalties [to be] imposed; (4) the initial date of the imposition of the
1134 penalty when the penalty is imposed for a continuing violation, or the
1135 date for which the penalty is imposed when the penalty is imposed for
1136 an isolated violation; and (5) a statement of the [party's] water
1137 company's right to a hearing. The commissioner shall send a copy of
1138 such notice to the local director of health in the municipality or
1139 municipalities in which such violation occurred or that utilize such
1140 water.

1141 (d) The civil penalty shall be payable for noncompliance on the date
1142 specified in subsection (c) of this section and for each day thereafter
1143 until the water company against which the penalty was issued
1144 [notifies] demonstrates to the commissioner that the violation has been
1145 corrected. [Upon receipt of such notification, the commissioner shall
1146 determine whether or not the violation has been corrected and shall
1147 notify the water company, in writing, of such determination. The water
1148 company may, within twenty days after such notice is sent by the
1149 commissioner, request a hearing to contest an adverse determination.
1150 If, after such hearing, the commissioner finds that the violation still
1151 exists, or if the water company fails to request a hearing, the penalty
1152 shall continue in force from the original date of imposition.]

1153 (e) The water company to which the notice is addressed shall have
1154 twenty days from the date of mailing of the notice to make written
1155 application to the commissioner for a hearing to contest the imposition
1156 of the penalty. The application shall include a detailed statement of all
1157 of the grounds for contesting the imposition of the penalty. The water
1158 company shall send a copy of such application to the local director of
1159 health in the municipality or municipalities in which such violation
1160 occurred or that utilize such water. All hearings under this section
1161 shall be conducted pursuant to sections 4-176e to 4-184, inclusive,
1162 except that the presiding officer shall automatically grant each local
1163 director of health in the municipality or municipalities in which such
1164 violation occurred or that utilize such water the right to be heard in the
1165 proceeding. Any civil penalty may be mitigated by the commissioner
1166 upon such terms and conditions as the commissioner, in the
1167 commissioner's discretion, deems proper or necessary upon
1168 consideration of the factors set forth in subsection (b) of this section.

1169 Sec. 522. Section 20-206b of the general statutes is repealed and the
1170 following is substituted in lieu thereof (*Effective October 1, 2019*):

1171 (a) (1) No person shall engage in the practice of massage therapy
1172 unless the person has obtained a license from the department pursuant
1173 to this section. Each person seeking licensure as a massage therapist
1174 shall make application on forms prescribed by the department, pay an
1175 application fee of three hundred seventy-five dollars and present to the
1176 department satisfactory evidence that the applicant: [(1)] (A) Has
1177 graduated from a school of massage therapy offering a course of study
1178 of not less than five hundred classroom hours, with the instructor
1179 present, that, at the time of the applicant's graduation, had a current
1180 school code assigned by the National Certification Board for
1181 Therapeutic Massage and Bodywork and was either [(A)] (i) accredited
1182 by an agency recognized by the United States Department of
1183 Education or by a state board of postsecondary technical trade and
1184 business schools, or [(B)] (ii) accredited by the Commission on
1185 Massage Therapy Accreditation, and [(2)] (B) has passed an
1186 examination prescribed by the department. The National Certification

1187 Board for Therapeutic Massage and Bodywork's national examination
1188 for state licensing option shall not satisfy the examination
1189 requirements for a person seeking licensure pursuant to this section.

1190 (2) Each person seeking licensure as a massage therapist on and
1191 after October 1, 2019, shall (A) notwithstanding the provisions of
1192 subparagraph (A) of subdivision (1) of this section, have graduated
1193 from a school of massage therapy offering a course of study of not less
1194 than seven hundred fifty classroom hours, with the instructor present,
1195 that, at the time of the applicant's graduation, has a current school
1196 code assigned by the National Certification Board for Therapeutic
1197 Massage and Bodywork and was either (i) accredited by an agency
1198 recognized by the United States Department of Education or by a state
1199 board of postsecondary technical trade and business schools, or (ii)
1200 accredited by the Commission on Massage Therapy Accreditation, and
1201 (B) in addition to the requirement set forth in subparagraph (B) of
1202 subdivision (1) of this subsection, have completed not less than sixty
1203 hours of unpaid and supervised clinical or internship experience.

1204 (b) Licenses shall be renewed once every two years in accordance
1205 with the provisions of section 19a-88. The fee for renewal shall be two
1206 hundred fifty-five dollars. No license shall be issued under this section
1207 to any applicant against whom professional disciplinary action is
1208 pending or who is the subject of an unresolved complaint in this or any
1209 other state or jurisdiction. Any certificate granted by the department
1210 prior to June 1, 1993, shall be deemed a valid license permitting
1211 continuance of profession subject to the provisions of this chapter.

1212 (c) (1) Notwithstanding the provisions of subsection (a) of this
1213 section, the department may issue a license to an applicant whose
1214 school of massage therapy does not satisfy the requirement of
1215 subparagraph (A) or (B) of subdivision (1) or (2) of said subsection (a),
1216 provided the school held, at the time of the applicant's graduation, a
1217 certificate issued by the Commissioner of Education pursuant to
1218 section 10-7b and provided the applicant graduated within thirty-three
1219 months of the date such school first offered the curriculum completed

1220 by the applicant. No license shall be issued under this subsection to a
1221 graduate of a school that fails to apply for and obtain accreditation by
1222 (A) an accrediting agency recognized by the United States Department
1223 of Education, or (B) the Commission on Massage Therapy
1224 Accreditation within thirty-three months of the date such school first
1225 offered the curriculum.

1226 (2) Notwithstanding the provisions of subsection (a) of this section
1227 and subdivision (1) of this subsection, the department may issue a
1228 license to an applicant who submits evidence satisfactory to the
1229 commissioner that the applicant (A) was enrolled, on or before July 1,
1230 2005, in a school of massage therapy that was approved or accredited
1231 by a state board of postsecondary technical trade and business schools
1232 or a state agency recognized as such state's board of postsecondary
1233 technical trade and business schools, (B) graduated from a school of
1234 massage therapy with a course of study of not less than five hundred
1235 classroom hours, with the instructor present, that at the time of the
1236 applicant's graduation was approved or accredited by a state board of
1237 postsecondary technical trade and business schools or a state agency
1238 recognized as such state's board of postsecondary technical trade and
1239 business schools, and (C) has passed an examination prescribed by the
1240 department.

1241 (d) Each person licensed pursuant to this section has an affirmative
1242 duty to make a written referral to a licensed healing arts practitioner,
1243 as defined in section 20-1, of any client who has any physical or
1244 medical condition that would constitute a contraindication for massage
1245 therapy or that may require evaluation or treatment beyond the scope
1246 of massage therapy.

1247 (e) No person shall use the title "massage therapist", "licensed
1248 massage therapist", "massage practitioner", "massagist", "masseur" or
1249 "masseuse", unless the person holds a license issued in accordance
1250 with this section or other applicable law.

1251 (f) Notwithstanding the provisions of subsection (a) of this section,

1252 the commissioner may issue a license to an out-of-state applicant who
1253 submits evidence satisfactory to the commissioner of either: (1) (A) A
1254 current license to practice therapeutic massage from another state or
1255 jurisdiction, (B) documentation of practice for at least one year
1256 immediately preceding application, and (C) successful completion of
1257 the examination prescribed pursuant to subsection (a) of this section;
1258 or (2) (A) (i) on or before October 1, 2019, graduation from a school of
1259 massage therapy offering a course of study of not less than five
1260 hundred classroom hours, with the instructor present, and, at the time
1261 of the applicant's graduation, was either [(i)] (I) accredited by an
1262 agency recognized by the United States Department of Education or by
1263 a state board of postsecondary technical trade and business schools, or
1264 [(ii)] (II) accredited by the Commission on Massage Therapy
1265 Accreditation, [and] or (ii) on and after October 1, 2019, graduation
1266 from a school of massage therapy offering a course of study of not less
1267 than seven hundred fifty classroom hours, with the instructor present,
1268 and, at the time of the applicant's graduation, was either (I) accredited
1269 by an agency recognized by the United States Department of
1270 Education or by a state board of postsecondary technical trade and
1271 business schools, or (II) accredited by the Commission on Massage
1272 Therapy, (B) successful completion of the examination prescribed
1273 pursuant to subsection (a) of this section, and (C) on and after October
1274 1, 2019, completion of not less than sixty hours of unpaid and
1275 supervised clinical or internship experience.

1276 (g) Any person who violates the provisions of subsection (a) or (e) of
1277 this section shall be guilty of a class C misdemeanor.

1278 (h) Any employer who knowingly and wilfully employs a person
1279 who is in violation of the provisions of subsection (a) or (e) of this
1280 section to engage in massage therapy shall be guilty of a class C
1281 misdemeanor.

1282 Sec. 523. Subsection (c) of section 20-206d of the general statutes is
1283 repealed and the following is substituted in lieu thereof (*Effective*
1284 *October 1, 2018*):

1285 (c) No provision of this chapter shall be construed to prohibit an
1286 out-of-state massage therapist who (1) is licensed or certified in
1287 another state whose standards for licensure or certification are
1288 equivalent to or greater than those required in this state, or (2) if
1289 licensure or certification is not required in such other state, is a
1290 member in good standing of the American Massage Therapy
1291 Association, from providing uncompensated massage therapy services
1292 (A) to persons with disabilities during the Special Olympics or similar
1293 athletic competitions for persons with disabilities, or (B) at the
1294 invitation of the Connecticut chapter of said association, with the
1295 emergency division of said chapter's Community Service Massage
1296 Team, provided such out-of-state massage therapist [(A)] (i) does not
1297 represent himself or herself to be a massage therapist [; (B)] licensed in
1298 this state; and (ii) provides massage therapy under the supervision of a
1299 massage therapist. [; and (C) only provides massage therapy to
1300 persons participating in the Special Olympics or similar athletic
1301 competitions for persons with disabilities.]

1302 Sec. 524. (NEW) (*Effective October 1, 2019*) (a) A person licensed to
1303 practice massage therapy pursuant to this chapter who provides direct
1304 patient care services shall maintain professional liability insurance or
1305 other indemnity against liability for professional malpractice. The
1306 amount of insurance that each such person shall carry as insurance or
1307 indemnity against claims for injury or death for professional
1308 malpractice shall not be less than five hundred thousand dollars for
1309 one person, per occurrence, with an aggregate of not less than one
1310 million dollars.

1311 (b) Each insurance company that issues professional liability
1312 insurance, as defined in section 38a-393 of the general statutes, as
1313 amended by this act, shall render, on and after January 1, 2019, to the
1314 Commissioner of Public Health a true record of the names and
1315 addresses, according to the classification, of cancellations of and
1316 refusals to renew professional liability insurance policies and the
1317 reasons for such cancellations or refusals to renew said policies for the
1318 year ending on the thirty-first day of December next preceding.

1319 Sec. 525. Subsection (b) of section 38a-393 of the general statutes is
1320 repealed and the following is substituted in lieu thereof (*Effective*
1321 *October 1, 2019*):

1322 (b) For purposes of sections 38a-393 to 38a-395, inclusive,
1323 "professional liability insurance" means professional liability contracts
1324 for: (1) Physicians and surgeons, (2) hospitals, (3) lawyers, (4) dentists,
1325 (5) architects and engineers, (6) chiropractors, (7) licensed naturopaths,
1326 (8) podiatrists, (9) advanced practice registered nurses, [and] (10)
1327 physical therapists, and (11) massage therapists and such other
1328 categories as the Insurance Commissioner, in the commissioner's
1329 discretion, shall adopt by regulations in accordance with chapter 54.

1330 Sec. 526. Subdivision (1) of subsection (a) of section 20-73 of the
1331 general statutes is repealed and the following is substituted in lieu
1332 thereof (*Effective July 1, 2018*):

1333 (a) (1) No person may practice as a physical therapist unless
1334 licensed pursuant to this chapter. No person may use the term
1335 "Registered Physical Therapist", "Licensed Physical Therapist", "Doctor
1336 of Physical Therapy" or "Physical Therapist" or the letters "R.P.T.",
1337 "L.P.T." or "D.P.T." or any other letters, words or insignia indicating or
1338 implying licensure as a physical therapist in this state unless the
1339 person is so licensed. No person may use the term Doctor of Physical
1340 Therapy or D.P.T. unless the person has earned a Doctor of Physical
1341 Therapy degree from an accredited institution of higher education.

1342 Sec. 527. (*Effective from passage*) (a) On or before January 1, 2019, the
1343 Department of Public Health, in consultation with the Amniotic Fluid
1344 Embolism Foundation and a physician licensed pursuant to chapter
1345 370 of the general statutes who specializes in obstetrics and
1346 gynecology and is recommended by the Connecticut State Medical
1347 Society, shall develop educational materials to be used in educating
1348 health care professionals regarding the signs and symptoms of
1349 amniotic fluid embolism. The department shall post such materials on
1350 its Internet web site.

1351 (b) On or before July 1, 2019, the department shall distribute the
1352 educational materials developed pursuant to subsection (a) of this
1353 section to (1) the Connecticut State Medical Society, Connecticut
1354 Affiliate of the American College of Nurse-Midwives, Connecticut
1355 Advanced Practice Registered Nurse Society, Connecticut Nurses
1356 Association and Connecticut Hospital Association for distribution to
1357 their respective members and posting on their Internet web sites, and
1358 (2) each school of medicine in the state for dissemination to its
1359 students.

1360 (c) Nothing contained in this section shall be construed to override
1361 professional medical judgment or restrict the use of other educational
1362 or instructional materials.

1363 (d) On or before July 1, 2019, the Commissioner of Public Health
1364 shall provide the educational materials developed pursuant to
1365 subsection (a) of this section, in accordance with the provisions of
1366 section 11-4a of the general statutes, to the joint standing committee of
1367 the General Assembly having cognizance of matters relating to public
1368 health.

1369 Sec. 528. Section 20-50 of the general statutes is repealed and the
1370 following is substituted in lieu thereof (*Effective October 1, 2018*):

1371 "Podiatric medicine" means the diagnosis and treatment, including
1372 medical and surgical treatment, of ailments of the foot and ankle and
1373 all the anatomical structures of the foot and ankle and the
1374 administration and prescription of drugs incidental thereto, [It shall
1375 include] in accordance with section 20-54, as amended by this act.
1376 "Podiatric medicine" includes treatment of local manifestations of
1377 systemic diseases as they appear on the foot and ankle, in accordance
1378 with section 20-54, as amended by this act. A doctor of podiatric
1379 medicine, licensed pursuant to this chapter may prescribe, administer
1380 and dispense drugs and controlled substances in schedule II, III, IV or
1381 V, in accordance with section 21a-252, in connection with the practice
1382 of podiatric medicine.

1383 Sec. 529. Section 20-54 of the general statutes is repealed and the
1384 following is substituted in lieu thereof (*Effective October 1, 2018*):

1385 (a) No person other than those described in section 20-57 and those
1386 to whom a license has been reissued as provided by section 20-59 shall
1387 engage in the practice of podiatry in this state until such person has
1388 presented to the department satisfactory evidence that such person has
1389 received a diploma or other certificate of graduation from an
1390 accredited school or college of chiropody or podiatry approved by the
1391 Connecticut Board of Examiners in Podiatry with the consent of the
1392 Commissioner of Public Health, nor shall any person so practice until
1393 such person has obtained a license from the Department of Public
1394 Health after meeting the requirements of this chapter. A graduate of an
1395 approved school of chiropody or podiatry subsequent to July 1, 1947,
1396 shall present satisfactory evidence that he or she has been a resident
1397 student through not less than four graded courses of not less than
1398 thirty-two weeks each in such approved school and has received the
1399 degree of D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of
1400 Podiatry, or other equivalent degree; and, if a graduate of an approved
1401 chiropody or podiatry school subsequent to July 1, 1951, that he or she
1402 has completed, before beginning the study of podiatry, a course of
1403 study of an academic year of not less than thirty-two weeks' duration
1404 in a college or scientific school approved by said board with the
1405 consent of the Commissioner of Public Health, which course included
1406 the study of chemistry and physics or biology; and if a graduate of an
1407 approved college of podiatry or podiatric medicine subsequent to July
1408 1, 1971, that he or she has completed a course of study of two such
1409 prepodiatry college years, including the study of chemistry, physics or
1410 mathematics and biology, and that he or she received the degree of
1411 D.P.M., Doctor of Podiatric Medicine. No provision of this section shall
1412 be construed to prevent graduates of a podiatric college, approved by
1413 the Connecticut Board of Examiners in Podiatry with the consent of the
1414 Commissioner of Public Health, from receiving practical training in
1415 podiatry in a residency program in an accredited hospital facility
1416 which program is accredited by the Council on Podiatric Education.

1417 (b) A licensed podiatrist who is board qualified or certified by the
1418 American Board of [Podiatric] Foot and Ankle Surgery or the
1419 American Board of Podiatric [Orthopedics and Primary Podiatric]
1420 Medicine, or said boards' successor organizations, may engage in the
1421 medical and nonsurgical treatment of the ankle and the anatomical
1422 structures of the ankle, as well as the administration and prescription
1423 of drugs incidental thereto, and the nonsurgical treatment of
1424 manifestations of systemic diseases as they appear on the ankle. Such
1425 licensed podiatrist shall restrict treatment of displaced ankle fractures
1426 to the initial diagnosis and the initial attempt at closed reduction at the
1427 time of presentation and shall not treat tibial pilon fractures. For
1428 purposes of this section, "ankle" means the distal metaphysis and
1429 epiphysis of the tibia and fibula, the articular cartilage of the distal
1430 tibia and distal fibula, the ligaments that connect the distal metaphysis
1431 and epiphysis of the tibia and fibula and the talus, and the portions of
1432 skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or
1433 below the level of the myotendinous junction of the triceps surae.

1434 (c) [No] A licensed podiatrist may independently engage in the
1435 surgical treatment of the ankle, including the surgical treatment of the
1436 anatomical structures of the ankle, as well as the administration and
1437 prescription of drugs incidental thereto, and the surgical treatment of
1438 manifestations of systemic diseases as they appear on the ankle, [until
1439 such licensed podiatrist has obtained a permit from] after the
1440 podiatrist provides documentation to the Department of Public Health
1441 [after meeting the requirements set forth in subsection (d) or (e) of this
1442 section, as appropriate. No licensed podiatrist who applies for a permit
1443 to independently engage in the surgical treatment of the ankle shall be
1444 issued such permit unless (1) the commissioner is satisfied that the
1445 applicant is in compliance with all requirements set forth in subsection
1446 (d) or (e) of this section, as appropriate, and (2) the application
1447 includes payment of a fee in the amount of one hundred dollars.] of
1448 the following: (1) (A) Graduation on or after June 1, 2006, from a three-
1449 year residency program in podiatric medicine and surgery that was
1450 accredited by the Council on Podiatric Medical Education, or its

1451 successor organization, at the time of graduation, and (B) current
1452 board certification or qualification in reconstructive rearfoot ankle
1453 surgery by the American Board of Foot and Ankle Surgery, or its
1454 successor organization; or (2) (A) graduation prior to June 1, 2006,
1455 from a residency program in podiatric medicine and surgery that was
1456 at least two years in length and accredited at the time of graduation by
1457 said council, and (B) current board certification or qualification in
1458 reconstructive rearfoot ankle surgery by the American Board of Foot
1459 and Ankle Surgery, or its successor organization. For purposes of this
1460 section, "surgical treatment of the ankle" includes all soft tissue and
1461 osseous procedures, including ankle fracture fixation, ankle fusion,
1462 ankle arthroscopy, insertion or removal of external fixation pins into or
1463 from the tibial diaphysis at or below the level of the myotendinous
1464 junction of the triceps surae and insertion and removal of retrograde
1465 tibiototalcalcaneal intramedullary rods and locking screws up to the
1466 level of the myotendinous junction of the triceps surae, but does not
1467 include the surgical treatment of complications within the tibial
1468 diaphysis related to the use of external fixation pins, the performance
1469 of total ankle replacements or the treatment of tibial pilon fractures.

1470 (d) The Department of Public Health [may issue a permit to
1471 independently engage in standard ankle surgery procedures to any
1472 licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006,
1473 from a three-year residency program in podiatric medicine and
1474 surgery that was accredited by the Council on Podiatric Medical
1475 Education, or its successor organization, at the time of graduation, and
1476 (B) holds and maintains current board certification in reconstructive
1477 rearfoot ankle surgery by the American Board of Podiatric Surgery, or
1478 its successor organization; (2) (A) graduated on or after June 1, 2006,
1479 from a three-year residency program in podiatric medicine and
1480 surgery that was accredited by the Council on Podiatric Medical
1481 Education, or its successor organization, at the time of graduation, (B)
1482 is board qualified, but not board certified, in reconstructive rearfoot
1483 ankle surgery by the American Board of Podiatric Surgery, or its
1484 successor organization, and (C) provides documentation satisfactory to

1485 the department that such licensed podiatrist has completed acceptable
1486 training and experience in standard or advanced midfoot, rearfoot and
1487 ankle procedures; or (3) (A) graduated before June 1, 2006, from a
1488 residency program in podiatric medicine and surgery that was at least
1489 two years in length and was accredited by the Council on Podiatric
1490 Medical Education at the time of graduation, (B) holds and maintains
1491 current board certification in reconstructive rearfoot ankle surgery by
1492 the American Board of Podiatric Surgery, or its successor organization,
1493 and (C) provides documentation satisfactory to the department that
1494 such licensed podiatrist has completed acceptable training and
1495 experience in standard or advanced midfoot, rearfoot and ankle
1496 procedures. For purposes of this subsection, "standard ankle surgery
1497 procedures" includes soft tissue and osseous procedures.] shall
1498 implement a mechanism for (1) a podiatrist to provide the
1499 documentation required pursuant to subsection (c) of this section as
1500 part of the initial licensure application, and (2) credentialing boards
1501 and the public to access the names of podiatrists who submitted the
1502 documentation required pursuant to said subsection. Any podiatrist
1503 who, on October 1, 2018, held a standard ankle surgery permit issued
1504 by the department shall be considered to have met the documentation
1505 requirements set forth in said subsection.

1506 [(e) The Department of Public Health may issue a permit to
1507 independently engage in advanced ankle surgery procedures to any
1508 licensed podiatrist who has obtained a permit under subsection (d) of
1509 this section, or who meets the qualifications necessary to obtain a
1510 permit under said subsection (d), provided such licensed podiatrist: (1)
1511 (A) Graduated on or after June 1, 2006, from a three-year residency
1512 program in podiatric medicine and surgery that was accredited by the
1513 Council on Podiatric Medical Education, or its successor organization,
1514 at the time of graduation, (B) holds and maintains current board
1515 qualification in reconstructive rearfoot ankle surgery by the American
1516 Board of Podiatric Surgery, or its successor organization, and (C)
1517 provides documentation satisfactory to the department that such
1518 licensed podiatrist has completed acceptable training and experience

1519 in advanced midfoot, rearfoot and ankle procedures; or (2) (A)
1520 graduated before June 1, 2006, from a residency program in podiatric
1521 medicine and surgery that was at least two years in duration and was
1522 accredited by the Council on Podiatric Medical Education at the time
1523 of graduation, (B) holds and maintains current board certification in
1524 reconstructive rearfoot ankle surgery by the American Board of
1525 Podiatric Surgery, or its successor organization, and (C) provides
1526 documentation satisfactory to the department that such licensed
1527 podiatrist has completed acceptable training and experience in
1528 advanced midfoot, rearfoot and ankle procedures. For purposes of this
1529 subsection, "advanced ankle surgery procedures" includes ankle
1530 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal
1531 of external fixation pins into or from the tibial diaphysis at or below
1532 the level of the myotendinous junction of the triceps surae, and
1533 insertion and removal of retrograde tibiototalcalcaneal intramedullary
1534 rods and locking screws up to the level of the myotendinous junction
1535 of the triceps surae, but does not include the surgical treatment of
1536 complications within the tibial diaphysis related to the use of such
1537 external fixation pins.]

1538 [(f)] (e) A licensed podiatrist who [(1) graduated from a residency
1539 program in podiatric medicine and surgery that was at least two years
1540 in duration and was accredited by the Council on Podiatric Medical
1541 Education, or its successor organization, at the time of graduation, and
1542 (2) (A) holds and maintains current board certification in
1543 reconstructive rearfoot ankle surgery by the American Board of
1544 Podiatric Surgery, or its successor organization, (B) is board qualified
1545 in reconstructive rearfoot ankle surgery by the American Board of
1546 Podiatric Surgery, or its successor organization, or (C)] is board
1547 certified in foot and ankle surgery by the American Board of
1548 [Podiatric] Foot and Ankle Surgery, or its successor organization, may
1549 engage in the surgical treatment of the ankle, [including standard and
1550 advanced ankle surgery procedures, without a permit issued by the
1551 department in accordance with subsection (d) or (e) of this section,]
1552 provided such licensed podiatrist is performing such procedures

1553 under the direct supervision of a physician or surgeon licensed under
1554 chapter 370 who maintains hospital privileges to perform such
1555 procedures or under the direct supervision of a licensed podiatrist who
1556 [has been issued a permit] under the provisions of subsection [(d) or
1557 (e)] (c) of this section, as appropriate, [to] may independently engage
1558 in [standard or advanced] ankle surgery procedures.

1559 [(g) The Commissioner of Public Health shall appoint an advisory
1560 committee to assist and advise the commissioner in evaluating
1561 applicants' training and experience in midfoot, rearfoot and ankle
1562 procedures for purposes of determining whether such applicants
1563 should be permitted to independently engage in standard or advanced
1564 ankle surgery procedures pursuant to subsection (d) or (e) of this
1565 section. The advisory committee shall consist of four members, two of
1566 whom shall be podiatrists recommended by the Connecticut Podiatric
1567 Medical Association and two of whom shall be orthopedic surgeons
1568 recommended by the Connecticut Orthopedic Society.

1569 (h) Not later than July 1, 2015, the Commissioner of Public Health
1570 shall adopt regulations, in accordance with chapter 54, to implement
1571 the provisions of subsections (c) to (f), inclusive, of this section. Such
1572 regulations shall include, but not be limited to, the number and types
1573 of procedures required for an applicant's training or experience to be
1574 deemed acceptable for purposes of issuing a permit under subsection
1575 (d) or (e) of this section. In identifying the required number and types
1576 of procedures, the commissioner shall seek the advice and assistance of
1577 the advisory committee appointed under subsection (g) of this section
1578 and shall consider nationally recognized standards for accredited
1579 residency programs in podiatric medicine and surgery for midfoot,
1580 rearfoot and ankle procedures. The commissioner may issue permits
1581 pursuant to subsections (c) to (e), inclusive, of this section prior to the
1582 effective date of any regulations adopted pursuant to this section.]

1583 [(i) (f) The Department of Public Health's issuance of a [permit]
1584 license to a [licensed] podiatrist to independently engage in [the
1585 surgical treatment of the ankle] surgery shall not be construed to

1586 obligate a hospital or outpatient surgical facility to grant such licensed
1587 podiatrist privileges to perform such procedures at the hospital or
1588 outpatient surgical facility. A podiatrist's privileges and scope of
1589 practice for foot surgery are not impacted by the podiatrist's privileges
1590 or scope of practice for ankle surgery.

1591 Sec. 530. Section 20-59 of the general statutes is repealed and the
1592 following is substituted in lieu thereof (*Effective July 1, 2018*):

1593 The board may take any of the actions set forth in section 19a-17 for
1594 any of the following reasons: (1) Procurement of a license by fraud or
1595 material deception; (2) conviction in a court of competent jurisdiction,
1596 either within or without this state, of any crime in the practice of
1597 podiatry; (3) fraudulent or deceptive conduct in the course of
1598 professional services or activities; (4) illegal or incompetent or
1599 negligent conduct in the practice of podiatry; (5) habitual intemperance
1600 in the use of spirituous stimulants or addiction to the use of morphine,
1601 cocaine or other drugs having a similar effect; (6) aiding and abetting
1602 the practice of podiatry by an unlicensed person or a person whose
1603 license has been suspended or revoked; (7) mental illness or deficiency
1604 of the practitioner; (8) physical illness or loss of motor skill, including,
1605 but not limited to, deterioration through the aging process, of the
1606 practitioner; (9) undertaking or engaging in any medical practice
1607 beyond the privileges and rights accorded to the practitioner of
1608 podiatry by the provisions of this chapter; (10) failure to maintain
1609 professional liability insurance or other indemnity against liability for
1610 professional malpractice as provided in subsection (a) of section 20-
1611 58a; (11) independently engaging in the performance of ankle surgery
1612 procedures [without a permit,] in violation of section 20-54; (12)
1613 violation of any provision of this chapter or any regulation adopted
1614 hereunder; or (13) failure to provide information to the Department of
1615 Public Health required to complete a health care provider profile, as
1616 set forth in section 20-13j. The Commissioner of Public Health may
1617 order a license holder to submit to a reasonable physical or mental
1618 examination if his physical or mental capacity to practice safely is the
1619 subject of an investigation. Said commissioner may petition the

1620 superior court for the judicial district of Hartford to enforce such order
1621 or any action taken pursuant to section 19a-17. The clerk of any court
1622 in this state in which a person practicing podiatry has been convicted
1623 of any crime shall, upon such conviction, make written report, in
1624 duplicate, to the Department of Public Health of the name and
1625 residence of such person, the crime of which such person was
1626 convicted and the date of conviction; and said department shall
1627 forward one of such duplicate reports to the board.

1628 Sec. 531. (NEW) (*Effective July 1, 2018*) Notwithstanding the
1629 provisions of sections 17b-256, 17b-274a, 17b-274c, 17b-274e and 17b-
1630 491c, the Department of Public Health may, within available resources,
1631 administer the Connecticut Aids drug assistance program and
1632 Connecticut Insurance Premium Assistance Program. The department
1633 may implement policies and procedures necessary to administer the
1634 provisions of this section while in the process of adopting such policies
1635 and procedures as regulations, provided the department posts such
1636 policies and procedures on the eRegulations System prior to adopting
1637 them. Policies and procedures implemented pursuant to this section
1638 shall be valid until regulations are adopted in accordance with chapter
1639 54 of the general statutes.

1640 (b) Notwithstanding the provisions of sections 17b-256, 17b-274a,
1641 17b-274c, 17b-274e and 17b-491c, all rebates and refunds from the
1642 Connecticut AIDS drug assistance program and Connecticut Insurance
1643 Premium Assistance Program shall be paid to the Department of
1644 Public Health.

1645 Sec. 532. (NEW) (*Effective July 1, 2018*) (a) As used in this section:

1646 (1) "Nursing home" has the same meaning as provided in section 12-
1647 263p of the general statutes; and

1648 (2) "Reportable event" means an event occurring at a nursing home
1649 that is deemed by the department to require the immediate notification
1650 of the department.

1651 (b) On or before January 1, 2019, the Department of Public Health
1652 shall develop a system for nursing homes to electronically notify the
1653 department of a reportable event.

1654 (c) On and after January 1, 2019, nursing homes shall report
1655 reportable events to the department using the electronic reporting
1656 system developed pursuant to subsection (b) of this section.

1657 Sec. 533. Subdivision (2) of subsection (a) of section 20-195mmm of
1658 the general statutes is repealed and the following is substituted in lieu
1659 thereof (*Effective October 1, 2018*):

1660 (2) "Art therapist" means a person who (A) has earned a [bachelor's
1661 or] graduate degree in art therapy or a related field from an accredited
1662 institution of higher education, and (B) is certified as an art therapist
1663 by the Art Therapy Credentials Board or any successor of said board.

1664 Sec. 534. Section 20-162n of the general statutes is repealed and the
1665 following is substituted in lieu thereof (*Effective October 1, 2018*):

1666 As used in subsection (c) of section 19a-14, this section, and sections
1667 20-162o to 20-162q, inclusive, as amended by this act:

1668 [(a)] (1) "Commissioner" means the Commissioner of Public Health;

1669 [(b)] (2) "Respiratory care" means health care under the direction of
1670 a physician licensed pursuant to chapter 370 or an advanced practice
1671 registered nurse licensed pursuant to chapter 378 and in accordance
1672 with written protocols developed by such physician or advanced
1673 practice registered nurse, employed in the therapy, management,
1674 rehabilitation, diagnostic evaluation and care of patients with
1675 deficiencies and abnormalities that affect the cardiopulmonary system
1676 and associated aspects of other system functions and that includes the
1677 following: [(1)] (A) The therapeutic and diagnostic use of medical
1678 gases, administering apparatus, humidification and aerosols,
1679 administration of drugs and medications used to treat the
1680 cardiorespiratory systems, ventilatory assistance and ventilatory

1681 control, postural drainage, chest physiotherapy and breathing
1682 exercises, respiratory rehabilitation, cardiopulmonary resuscitation
1683 and maintenance of natural airways as well as the insertion and
1684 maintenance of artificial airways, [(2)] (B) the specific testing
1685 techniques employed in respiratory therapy to assist in diagnosis,
1686 monitoring, treatment and research, including the measurement of
1687 ventilatory volumes, pressures and flows, specimen collection of blood
1688 and other materials, pulmonary function testing and hemodynamic
1689 and other related physiological monitoring of cardiopulmonary
1690 systems, including the percutaneous insertion and monitoring and
1691 maintenance of arterial catheters and the monitoring and maintenance
1692 of other cardiovascular indwelling catheters, including central venous
1693 and pulmonary artery catheters, [(3)] (C) performance of a purified
1694 protein derivative test to identify exposure to tuberculosis, [and (4)]
1695 (D) patient education in self-care procedures as part of the ongoing
1696 program of respiratory care of such patient, (E) the insertion of
1697 intravenous and intraosseous catheters in appropriately identified
1698 health care settings, including medical evacuation and transport
1699 vehicles, outpatient bronchoscopy facilities and long-term care and
1700 rehabilitation facilities, provided the respiratory care practitioner has
1701 completed a competency-based training and education program in the
1702 insertion and maintenance of such catheters, (F) the insertion of
1703 nasogastric tubes, including such tubes used for the purpose of sensing
1704 diaphragmatic movements, and (G) the monitoring and maintenance
1705 of all forms of extracorporeal life support, including, but not limited to,
1706 extracorporeal membrane oxygenation and extracorporeal carbon
1707 dioxide removal in appropriately identified health care settings,
1708 including, adult, pediatric and neonatal intensive care units, provided
1709 the respiratory care practitioner (i) successfully completed the
1710 examination leading to the registered respiratory therapist credential
1711 and is recognized as a registered respiratory therapist by the National
1712 Board for Respiratory Care, (ii) has clinical experience in neonatal,
1713 pediatric or adult critical care, (iii) completed education and training to
1714 practice as an extracorporeal membrane oxygenation specialist in
1715 accordance with the Extracorporeal Life Support Organization's

1716 guidelines for training and continuing education of such specialists,
1717 (iv) practices as an extracorporeal membrane oxygenation specialist
1718 under the direction and supervision of a licensed physician trained in
1719 extracorporeal membrane oxygenation, (v) does not participate in
1720 extracorporeal membrane oxygenation procedures that occur in an
1721 operating room, except in the case of a life-threatening emergency
1722 requiring immediate resuscitation of a patient, and (vi) if the
1723 practitioner is performing such monitoring or maintenance in a
1724 hospital setting, is approved by a committee of the hospital that is
1725 responsible for critical care. The practice of respiratory therapy is not
1726 limited to the hospital setting; and

1727 [(c)] (3) "Respiratory care practitioner" means a person who is
1728 licensed to practice respiratory care in this state pursuant to section
1729 20-162o, as amended by this act, and who may transcribe and
1730 implement written and verbal orders for respiratory care issued by a
1731 physician licensed pursuant to chapter 370, or a physician assistant
1732 licensed pursuant to chapter 370 or an advanced practice registered
1733 nurse licensed pursuant to chapter 378 who is functioning within the
1734 person's respective scope of practice.

1735 Sec. 535. Section 20-162o of the general statutes is repealed and the
1736 following is substituted in lieu thereof (*Effective October 1, 2018*):

1737 (a) Each person seeking licensure as a respiratory care practitioner
1738 shall make application on forms prescribed by the commissioner, pay
1739 an application fee of one hundred ninety dollars and present to the
1740 commissioner satisfactory evidence that (1) [he] such person has
1741 successfully completed an educational program for respiratory
1742 therapists or respiratory therapy technicians which, at the time of [his]
1743 such person's completion, was accredited by the Committee on Allied
1744 Health Education and Accreditation, or the Commission on
1745 Accreditation of Allied Health Education Programs, in cooperation
1746 with the Joint Review Committee for Respiratory Therapy Education,
1747 or was recognized by the Joint Review Committee for Respiratory
1748 Therapy Education [,] or accredited by the Commission on the

1749 Accreditation for Respiratory Care, and (2) [he has passed the entry
1750 level or advanced practitioner respiratory care examination] such
1751 person is credentialed as a certified respiratory therapist or registered
1752 respiratory therapist as demonstrated by achieving a passing score on
1753 the entry level or advanced practitioner respiratory care examination
1754 administered by the National Board for Respiratory Care, [, Inc., and
1755 (3) he is currently credentialed by the National Board for Respiratory
1756 Care as a certified respiratory therapy technician or registered
1757 respiratory therapist.]

1758 [(b) Notwithstanding the provisions of subsection (a) of this section,
1759 the department may issue a license as a respiratory care practitioner to
1760 a person who (1) was credentialed by the National Board for
1761 Respiratory Care as a certified respiratory therapy technician not later
1762 than June 30, 1978, or as a registered respiratory therapist not later
1763 than June 30, 1971, and (2) meets the requirements of subdivisions (2)
1764 and (3) of subsection (a) of this section. Each person seeking licensure
1765 pursuant to this subsection shall make application on forms prescribed
1766 by the commissioner, pay an application fee of one hundred ninety
1767 dollars and present to the commissioner satisfactory evidence of his
1768 credentialing by said board.]

1769 [(c)] (b) Notwithstanding the provisions of subsection (a) of this
1770 section, the department may issue a license as a respiratory care
1771 practitioner to a person who (1) has been registered as a respiratory
1772 therapist by the Canadian Society of Respiratory Therapists, (2) has
1773 passed the clinical simulation examination of the National Board for
1774 Respiratory Care, and (3) is currently credentialed by said board as a
1775 registered respiratory therapist. Each person seeking licensure
1776 pursuant to this subsection shall make application on forms prescribed
1777 by the commissioner, pay an application fee of one hundred ninety
1778 dollars and present to the commissioner satisfactory evidence of his
1779 credentialing by said society and said board.

1780 [(d)] (c) The department may, upon receipt of an application for
1781 respiratory care licensure, accompanied by the licensure application

1782 fee of one hundred ninety dollars, issue a temporary permit to a
1783 person who has completed an educational program in respiratory care
1784 which satisfies the requirements of subdivision (1) of subsection (a) of
1785 this section. Such temporary permit shall authorize the permittee to
1786 practice as a respiratory care practitioner under the supervision of a
1787 person licensed pursuant to this section. Such practice shall be limited
1788 to those settings where the licensed supervisor is physically present on
1789 the premises and is immediately available to render assistance and
1790 supervision as needed, to the permittee. Such temporary permit shall
1791 be valid from the date of issuance of same until the date of issuance of
1792 the results of the first examination administered pursuant to
1793 subdivision (2) of subsection (a) of this section, following the
1794 permittee's completion of said educational program in respiratory care.
1795 Such permit shall remain valid for each person who passes said
1796 examination until the permittee receives their license from the
1797 department. Such permit shall become void and shall not be reissued
1798 in the event that the permittee fails to pass said examination. No
1799 permit shall be issued to any person who has previously failed said
1800 examination or who is the subject of an unresolved complaint or
1801 pending professional disciplinary action. Violation of the restrictions
1802 on practice set forth in this section may constitute a basis for denial of
1803 licensure as a respiratory care practitioner.

1804 [(e) Notwithstanding the provisions of subsection (a) of this section,
1805 from July 1, 1995, until July 1, 1996, a person seeking licensure
1806 pursuant to this section may present to the department satisfactory
1807 evidence that he has, from July 1, 1980, until July 1, 1995, practiced as a
1808 respiratory care practitioner for at least ten years and has been
1809 determined eligible by the National Board for Respiratory Care, Inc. to
1810 sit for the examination required pursuant to subdivision (2) of
1811 subsection (a) of this section, provided any license issued pursuant to
1812 this subsection shall become void on October 1, 1997, unless the person
1813 has, on or before that date, presented to the department satisfactory
1814 evidence that he has met the requirements of subdivisions (2) and (3)
1815 of subsection (a) of this section.]

1816 [(f)] (d) Licenses shall be renewed annually in accordance with the
1817 provisions of section 19a-88, as amended by this act. The fee for
1818 renewal shall be one hundred five dollars.

1819 [(g)] (e) No license shall be issued under this section to any
1820 applicant against whom professional disciplinary action is pending or
1821 who is the subject of an unresolved complaint in this or any other state
1822 or territory.

1823 [(h)] (f) The commissioner may adopt regulations in accordance
1824 with the provisions of chapter 54 to administer provisions of sections
1825 20-162n to 20-162q, inclusive, as amended by this act.

1826 Sec. 536. Subsection (b) of section 20-162r of the general statutes is
1827 repealed and the following is substituted in lieu thereof (*Effective*
1828 *January 1, 2019*):

1829 (b) Except as otherwise provided in this section, for registration
1830 periods beginning on and after [October 1, 2007] January 1, 2019, a
1831 licensee applying for license renewal shall earn a minimum of [six] ten
1832 hours of continuing education within the preceding registration
1833 period. Such continuing education shall (1) be directly related to
1834 respiratory therapy; [and] (2) reflect the professional needs of the
1835 licensee in order to meet the health care needs of the public; and (3)
1836 include a minimum of at least five hours of real-time education with
1837 opportunities for live interaction, including, but not limited to, in-
1838 person conferences or real-time webinars. Qualifying continuing
1839 education activities include, but are not limited to, courses, including
1840 on-line courses, offered or approved by the American Association for
1841 Respiratory Care, regionally accredited institutions of higher
1842 education, or a state or local health department.

1843 Sec. 537. Subsection (f) of section 20-162r of the general statutes is
1844 repealed and the following is substituted in lieu thereof (*Effective*
1845 *January 1, 2019*):

1846 (f) Any licensee whose license has become void pursuant to section

1847 19a-88, as amended by this act, and who applies to the department for
1848 reinstatement of such license pursuant to section 19a-14, as amended
1849 by this act, shall submit evidence documenting successful completion
1850 of [six] ten contact hours of qualifying continuing education within the
1851 one-year period immediately preceding application for reinstatement.

1852 Sec. 538. Subsection (b) of section 20-12c of the general statutes is
1853 repealed and the following is substituted in lieu thereof (*Effective July*
1854 *1, 2018*):

1855 (b) A physician may function as a supervising physician for as many
1856 physician assistants as is medically appropriate under the
1857 circumstances, provided [(1)] the supervision is active and direct, [,
1858 and (2) the physician is supervising not more than six full-time
1859 physician assistants concurrently, or the part-time equivalent thereof.]

1860 Sec. 539. (NEW) (*Effective July 1, 2018*) (a) Each local or regional
1861 board of education shall request that each child enrolled in the public
1862 schools submit to an oral health assessment pursuant to the provisions
1863 of this section. Such oral health assessment shall be conducted by (1) a
1864 dentist licensed pursuant to chapter 379 of the general statutes, (2) a
1865 dental hygienist licensed pursuant to chapter 379a of the general
1866 statutes, (3) a legally qualified practitioner trained in conducting an
1867 oral health assessment as part of a training program approved by the
1868 Commissioner of Public Health, (4) a physician assistant licensed
1869 pursuant to chapter 370 of the general statutes and trained in
1870 conducting an oral health assessment as part of such a training
1871 program, or (5) an advanced practice registered nurse licensed
1872 pursuant to chapter 378 of the general statutes and trained in
1873 conducting an oral health assessment of such a training program. No
1874 oral health assessment shall be made of any child enrolled in the public
1875 schools unless the parent or guardian of such child consents to such
1876 assessment and such assessment is made in the presence of the child's
1877 parent or guardian or in the presence of another school employee. The
1878 parent or guardian of such child shall receive prior written notice and
1879 shall have a reasonable opportunity to opt his or her child out of such

1880 assessment, be present at such assessment or provide for such
1881 assessment himself or herself. A local or regional board of education
1882 may not deny enrollment or continued attendance in public school to
1883 any child who does not submit to an oral health assessment pursuant
1884 to this section.

1885 (b) Each local or regional board of education shall request that each
1886 child submit to an oral health assessment pursuant to subsection (a) of
1887 this section prior to public school enrollment, in either grade six or
1888 grade seven, and in either grade nine or grade ten. The oral health
1889 assessment shall include a dental examination by a dentist or a visual
1890 screening and risk assessment for oral health conditions by a dental
1891 hygienist, legally qualified practitioner of medicine, physician assistant
1892 or advanced practice registered nurse. The assessment form shall
1893 include a check box for the provider conducting the assessment, as
1894 described in subsection (a) of this section, to indicate any low,
1895 moderate or high risk factors associated with any dental or orthodontic
1896 appliance, saliva, gingival condition, visible plaque, tooth
1897 demineralization, carious lesions, restorations, pain, swelling or
1898 trauma.

1899 (c) If a local or regional board of education hosts a free oral health
1900 assessment event at which a provider described in subsection (a) of
1901 this section performs an oral health assessment of children attending a
1902 public school, the local or regional board of education shall notify the
1903 parents and guardians of the children attending the school in advance
1904 of the event. Each parent and guardian shall have the opportunity to
1905 opt his or her child out of the oral health assessment event. Each child
1906 whose parent did not opt him or her out of the oral health assessment
1907 event shall receive an oral health assessment, as prescribed in
1908 subsection (b) of this section, free of charge. No child shall receive
1909 dental treatment of any kind as part of the oral health assessment
1910 event unless the child's parent or guardian provides informed consent
1911 for such treatment.

1912 (d) The results of an oral health assessment performed pursuant to

1913 this section shall be recorded on a form supplied by the State Board of
1914 Education. Such information shall be included in the cumulative health
1915 record of each pupil who submitted to an oral health assessment and
1916 kept on file in the school such pupil attends. Each dentist, dental
1917 hygienist, legally qualified practitioner of medicine, physician assistant
1918 or advanced practice registered nurse who performs an oral health
1919 assessment pursuant to this section shall completely fill out and sign
1920 the form and any recommendations of the dentist, dental hygienist,
1921 legally qualified practitioner of medicine, physician assistant or
1922 advanced practice registered nurse concerning the pupil shall be in
1923 writing.

1924 (e) Appropriate school health personnel shall review the results of
1925 each oral health assessment recorded pursuant to subsection (d) of this
1926 section. When, in the judgment of such school health personnel, a
1927 pupil is in need of further testing or treatment, the superintendent of
1928 schools shall give written notice to the parent or guardian of such
1929 pupil and shall make reasonable efforts to ensure that further testing
1930 or treatment is provided. Such reasonable efforts shall include a
1931 determination of whether or not the parent or guardian has obtained
1932 the necessary testing or treatment for the pupil and, if not, advising the
1933 parent or guardian as to how such testing or treatment may be
1934 obtained. The results of such further testing or treatment shall be
1935 recorded pursuant to subsection (d) of this section and shall be
1936 reviewed by school health personnel pursuant to this subsection.

1937 Sec. 540. Section 10-209 of the general statutes is repealed and the
1938 following is substituted in lieu thereof (*Effective July 1, 2018*):

1939 (a) No record of any medical examination made or filed under the
1940 provisions of sections 10-205, 10-206, 10-207 and 10-214, [or of any]
1941 psychological examination made under the supervision or at the
1942 request of a board of education, or oral health assessment conducted
1943 under section 1 of this act shall be open to public inspection.

1944 (b) Each health care provider, as defined in section 19a-7h, who has

1945 provided immunizations pursuant to section 10-204a, [and] each
1946 health care provider as described in section 10-206 who has provided
1947 health assessments pursuant to section 10-206, and each dentist, dental
1948 hygienist, legally qualified practitioner of medicine, physician assistant
1949 or advanced practice registered nurse who has provided an oral health
1950 assessment pursuant to section 1 of this act, to a child who is seeking to
1951 enroll in a public school in this state shall provide reports of such
1952 immunizations, [and] health assessments and oral health assessments
1953 to the designated representative of the local or regional school district
1954 governing the school in which the child seeks to enroll. Such health
1955 care providers shall also report the results of health assessments
1956 required pursuant to section 10-206 and report on immunizations
1957 provided pursuant to section 10-204a to such representative for each
1958 child enrolled in such public school. Such dentists, dental hygienists,
1959 legally qualified practitioners of medicine, physician assistants and
1960 advanced practice registered nurses shall also report the results of oral
1961 health assessments performed under section 1 of this act to such
1962 representative for each child enrolled in such public school. Each local
1963 and regional board of education shall annually designate a
1964 representative to receive such reports from health care providers.

1965 Sec. 541. Subdivision (2) of subsection (a) of section 20-126l of the
1966 2018 supplement to the general statutes is repealed and the following
1967 is substituted in lieu thereof (*Effective July 1, 2018*):

1968 (2) "Public health facility" means an institution, as defined in section
1969 19a-490, a community health center, a group home, a school, a
1970 preschool operated by a local or regional board of education, [or] a
1971 head start program or a program offered or sponsored by the federal
1972 Special Supplemental Food Program for Women, Infants and Children
1973 or a licensed child care center, as described in section 19a-77;

1974 Sec. 542. Subsection (a) of section 20-112a of the 2018 supplement to
1975 the general statutes is repealed and the following is substituted in lieu
1976 thereof (*Effective October 1, 2018*):

1977 (a) As used in this section:

1978 (1) "Direct supervision" means a licensed dentist has authorized
1979 certain procedures to be performed on a patient by a dental assistant or
1980 an expanded function dental assistant with such dentist remaining on-
1981 site in the dental office or treatment facility while such procedures are
1982 being performed by the dental assistant or expanded function dental
1983 assistant and that, prior to the patient's departure from the dental
1984 office, such dentist reviews and approves the treatment performed by
1985 the dental assistant or expanded function dental assistant;

1986 (2) "Indirect supervision" means a licensed dentist is in the dental
1987 office or treatment facility, has personally diagnosed the condition,
1988 planned the treatment, authorized the procedures to be performed and
1989 remains in the dental office or treatment facility while the procedures
1990 are being performed by the dental assistant or expanded function
1991 dental assistant and evaluates the performance of the dental assistant
1992 or expanded function dental assistant;

1993 (3) "Dental assistant" means a person who: (A) Has (i) completed on-
1994 the-job training in dental assisting under direct supervision, (ii)
1995 successfully completed a dental assistant education program
1996 accredited by the American Dental Association's Commission on
1997 Dental Accreditation, or (iii) successfully completed a dental assistant
1998 education program that is accredited or recognized by any national or
1999 regional accrediting agency recognized by the United States
2000 Department of Education; and (B) meets any requirements established
2001 by the Commissioner of Public Health in regulations adopted pursuant
2002 to subsection (f) of this section; [and]

2003 (4) "Expanded function dental assistant" means a dental assistant
2004 who has passed the Dental Assisting National Board's certified dental
2005 assistant or certified orthodontic assistant examination and then
2006 successfully completed: (A) An expanded function dental assistant
2007 program at an institution of higher education that is accredited by the
2008 Commission on Dental Accreditation of the American Dental

2009 Association that includes (i) educational courses relating to didactic
 2010 and laboratory preclinical objectives for skills used by an expanded
 2011 function dental assistant and that requires demonstration of such skills
 2012 prior to advancing to clinical practice, (ii) not less than four hours of
 2013 education in the area of ethics and professional standards for dental
 2014 professionals, and (iii) a comprehensive clinical examination
 2015 administered by the institution of higher education at the conclusion of
 2016 such program; and (B) a comprehensive written examination
 2017 concerning certified preventive functions and certified restorative
 2018 functions administered by the Dental Assisting National Board; and

2019 (5) "Fluoride varnish treatment" means the application of a highly
 2020 concentrated form of fluoride to the surface of the teeth.

2021 Sec. 543. Subdivision (1) of subsection (c) of section 20-112a of the
 2022 2018 supplement to the general statutes is repealed and the following
 2023 is substituted in lieu thereof (*Effective October 1, 2018*):

2024 (c) (1) A licensed dentist may delegate to dental assistants such
 2025 dental procedures as the dentist may deem advisable, including: (A)
 2026 The taking of dental x-rays if the dental assistant can demonstrate
 2027 successful completion of the dental radiation health and safety
 2028 examination administered by the Dental Assisting National Board;
 2029 [and] (B) the taking of impressions of teeth for study models; and (C)
 2030 the provision of fluoride varnish treatments. Such procedures shall be
 2031 performed under direct supervision and the dentist providing direct
 2032 supervision shall assume responsibility for such procedures."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>October 1, 2018</i>	20-195(a)
Sec. 502	<i>October 1, 2018</i>	20-195c(a)
Sec. 503	<i>October 1, 2018</i>	20-195bb(c)
Sec. 504	<i>October 1, 2018</i>	20-195f(a)
Sec. 505	<i>from passage</i>	19a-36h(a)
Sec. 506	<i>from passage</i>	19a-36j(a)

Sec. 507	<i>from passage</i>	19a-36o
Sec. 508	<i>July 1, 2018</i>	19a-36i(4)
Sec. 509	<i>October 1, 2018</i>	19a-4l
Sec. 510	<i>July 1, 2018</i>	19a-491c
Sec. 511	<i>October 1, 2018</i>	17a-227a
Sec. 512	<i>from passage</i>	20-74ee(a)(4)
Sec. 513	<i>from passage</i>	21a-252(g)
Sec. 514	<i>October 1, 2018</i>	20-74s
Sec. 515	<i>October 1, 2018</i>	4-28f
Sec. 516	<i>July 1, 2018</i>	19a-42a(b)
Sec. 517	<i>July 1, 2018</i>	19a-200
Sec. 518	<i>July 1, 2018</i>	19a-242
Sec. 519	<i>July 1, 2018</i>	19a-243(a)
Sec. 520	<i>October 1, 2018</i>	New section
Sec. 521	<i>October 1, 2018</i>	25-32e(a) to (e)
Sec. 522	<i>October 1, 2019</i>	20-206b
Sec. 523	<i>October 1, 2018</i>	20-206d(c)
Sec. 524	<i>October 1, 2019</i>	New section
Sec. 525	<i>October 1, 2019</i>	38a-393(b)
Sec. 526	<i>July 1, 2018</i>	20-73(a)(1)
Sec. 527	<i>from passage</i>	New section
Sec. 528	<i>October 1, 2018</i>	20-50
Sec. 529	<i>October 1, 2018</i>	20-54
Sec. 530	<i>July 1, 2018</i>	20-59
Sec. 531	<i>July 1, 2018</i>	New section
Sec. 532	<i>July 1, 2018</i>	New section
Sec. 533	<i>October 1, 2018</i>	20-195mmm(a)(2)
Sec. 534	<i>October 1, 2018</i>	20-162n
Sec. 535	<i>October 1, 2018</i>	20-162o
Sec. 536	<i>January 1, 2019</i>	20-162r(b)
Sec. 537	<i>January 1, 2019</i>	20-162r(f)
Sec. 538	<i>July 1, 2018</i>	20-12c(b)
Sec. 539	<i>July 1, 2018</i>	New section
Sec. 540	<i>July 1, 2018</i>	10-209
Sec. 541	<i>July 1, 2018</i>	20-126l(a)(2)
Sec. 542	<i>October 1, 2018</i>	20-112a(a)
Sec. 543	<i>October 1, 2018</i>	20-112a(c)(1)