



General Assembly

**Amendment**

February Session, 2018

LCO No. 5279



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25 the general statutes is repealed and the following is substituted in lieu  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, or (ii) on and after October 1, 2019, graduation from a  
1266 school of massage therapy offering a course of study of not less than  
1267 seven hundred fifty classroom hours, with the instructor present, and,  
1268 at the time of the applicant's graduation, was either (I) accredited by an  
1269 agency recognized by the United States Department of Education or by  
1270 a state board of postsecondary technical trade and business schools, or  
1271 (II) accredited by the Commission on Massage Therapy, and (B)  
1272 successful completion of the examination prescribed pursuant to  
1273 subsection (a) of this section.

1274 (g) Any person who violates the provisions of subsection (a) or (e) of  
1275 this section shall be guilty of a class C misdemeanor.

1276 (h) Any employer who knowingly and wilfully employs a person  
1277 who is in violation of the provisions of subsection (a) or (e) of this  
1278 section to engage in massage therapy shall be guilty of a class C  
1279 misdemeanor.

1280 Sec. 523. Subsection (c) of section 20-206d of the general statutes is  
1281 repealed and the following is substituted in lieu thereof (*Effective*  
1282 *October 1, 2018*):

1283 (c) No provision of this chapter shall be construed to prohibit an



1284 out-of-state massage therapist who (1) is licensed or certified in  
1285 another state whose standards for licensure or certification are  
1286 equivalent to or greater than those required in this state, or (2) if  
1287 licensure or certification is not required in such other state, is a  
1288 member in good standing of the American Massage Therapy  
1289 Association, from providing uncompensated massage therapy services  
1290 (A) to persons with disabilities during the Special Olympics or similar  
1291 athletic competitions for persons with disabilities, or (B) at the  
1292 invitation of the Connecticut chapter of said association, with the  
1293 emergency division of said chapter's Community Service Massage  
1294 Team, provided such out-of-state massage therapist [(A)] (i) does not  
1295 represent himself or herself to be a massage therapist [; (B)] licensed in  
1296 this state; and (ii) provides massage therapy under the supervision of a  
1297 massage therapist. [; and (C) only provides massage therapy to  
1298 persons participating in the Special Olympics or similar athletic  
1299 competitions for persons with disabilities.]

1300 Sec. 524. (NEW) (*Effective October 1, 2019*) (a) A person licensed to  
1301 practice massage therapy pursuant to this chapter who provides direct  
1302 patient care services shall maintain professional liability insurance or  
1303 other indemnity against liability for professional malpractice. The  
1304 amount of insurance that each such person shall carry as insurance or  
1305 indemnity against claims for injury or death for professional  
1306 malpractice shall not be less than five hundred thousand dollars for  
1307 one person, per occurrence, with an aggregate of not less than one  
1308 million dollars.

1309 (b) Each insurance company that issues professional liability  
1310 insurance, as defined in section 38a-393 of the general statutes, as  
1311 amended by this act, shall render, on and after January 1, 2019, to the  
1312 Commissioner of Public Health a true record of the names and  
1313 addresses, according to the classification, of cancellations of and  
1314 refusals to renew professional liability insurance policies and the  
1315 reasons for such cancellations or refusals to renew said policies for the  
1316 year ending on the thirty-first day of December next preceding.

1317 Sec. 525. Subsection (b) of section 38a-393 of the general statutes is  
1318 repealed and the following is substituted in lieu thereof (*Effective*  
1319 *October 1, 2019*):

1320 (b) For purposes of sections 38a-393 to 38a-395, inclusive,  
1321 "professional liability insurance" means professional liability contracts  
1322 for: (1) Physicians and surgeons, (2) hospitals, (3) lawyers, (4) dentists,  
1323 (5) architects and engineers, (6) chiropractors, (7) licensed naturopaths,  
1324 (8) podiatrists, (9) advanced practice registered nurses, [and] (10)  
1325 physical therapists, and (11) massage therapists and such other  
1326 categories as the Insurance Commissioner, in the commissioner's  
1327 discretion, shall adopt by regulations in accordance with chapter 54.

1328 Sec. 526. Subdivision (1) of subsection (a) of section 20-73 of the  
1329 general statutes is repealed and the following is substituted in lieu  
1330 thereof (*Effective July 1, 2018*):

1331 (a) (1) No person may practice as a physical therapist unless  
1332 licensed pursuant to this chapter. No person may use the term  
1333 "Registered Physical Therapist", "Licensed Physical Therapist", "Doctor  
1334 of Physical Therapy" or "Physical Therapist" or the letters "R.P.T.",  
1335 "L.P.T." or "D.P.T." or any other letters, words or insignia indicating or  
1336 implying licensure as a physical therapist in this state unless the  
1337 person is so licensed. No person may use the term Doctor of Physical  
1338 Therapy or D.P.T. unless the person has earned a Doctor of Physical  
1339 Therapy degree from an accredited institution of higher education.

1340 Sec. 527. (*Effective from passage*) (a) On or before January 1, 2019, the  
1341 Department of Public Health, in consultation with the Amniotic Fluid  
1342 Embolism Foundation and a physician licensed pursuant to chapter  
1343 370 of the general statutes who specializes in obstetrics and  
1344 gynecology and is recommended by the Connecticut State Medical  
1345 Society, shall develop educational materials to be used in educating  
1346 health care professionals regarding the signs and symptoms of  
1347 amniotic fluid embolism. The department shall post such materials on  
1348 its Internet web site.

1349 (b) On or before July 1, 2019, the department shall distribute the  
1350 educational materials developed pursuant to subsection (a) of this  
1351 section to (1) the Connecticut State Medical Society, Connecticut  
1352 Affiliate of the American College of Nurse-Midwives, Connecticut  
1353 Advanced Practice Registered Nurse Society, Connecticut Nurses  
1354 Association and Connecticut Hospital Association for distribution to  
1355 their respective members and posting on their Internet web sites, and  
1356 (2) each school of medicine in the state for dissemination to its  
1357 students.

1358 (c) Nothing contained in this section shall be construed to override  
1359 professional medical judgment or restrict the use of other educational  
1360 or instructional materials.

1361 (d) On or before July 1, 2019, the Commissioner of Public Health  
1362 shall provide the educational materials developed pursuant to  
1363 subsection (a) of this section, in accordance with the provisions of  
1364 section 11-4a of the general statutes, to the joint standing committee of  
1365 the General Assembly having cognizance of matters relating to public  
1366 health.

1367 Sec. 528. Section 20-50 of the general statutes is repealed and the  
1368 following is substituted in lieu thereof (*Effective October 1, 2018*):

1369 "Podiatric medicine" means the diagnosis and treatment, including  
1370 medical and surgical treatment, of ailments of the foot and ankle and  
1371 all the anatomical structures of the foot and ankle and the  
1372 administration and prescription of drugs incidental thereto. It shall  
1373 include treatment, in accordance with section 20-54, as amended by  
1374 this act, of local manifestations of systemic diseases as they appear on  
1375 the foot and ankle. A doctor of podiatric medicine, licensed pursuant  
1376 to this chapter may prescribe, administer and dispense drugs and  
1377 controlled substances in schedule II, III, IV or V, in accordance with  
1378 section 21a-252, in connection with the practice of podiatric medicine.

1379 Sec. 529. Section 20-54 of the general statutes is repealed and the  
1380 following is substituted in lieu thereof (*Effective October 1, 2018*):

1381 (a) No person other than those described in section 20-57 and those  
1382 to whom a license has been reissued as provided by section 20-59 shall  
1383 engage in the practice of podiatry in this state until such person has  
1384 presented to the department satisfactory evidence that such person has  
1385 received a diploma or other certificate of graduation from an  
1386 accredited school or college of chiropody or podiatry approved by the  
1387 Connecticut Board of Examiners in Podiatry with the consent of the  
1388 Commissioner of Public Health, nor shall any person so practice until  
1389 such person has obtained a license from the Department of Public  
1390 Health after meeting the requirements of this chapter. A graduate of an  
1391 approved school of chiropody or podiatry subsequent to July 1, 1947,  
1392 shall present satisfactory evidence that he or she has been a resident  
1393 student through not less than four graded courses of not less than  
1394 thirty-two weeks each in such approved school and has received the  
1395 degree of D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of  
1396 Podiatry, or other equivalent degree; and, if a graduate of an approved  
1397 chiropody or podiatry school subsequent to July 1, 1951, that he or she  
1398 has completed, before beginning the study of podiatry, a course of  
1399 study of an academic year of not less than thirty-two weeks' duration  
1400 in a college or scientific school approved by said board with the  
1401 consent of the Commissioner of Public Health, which course included  
1402 the study of chemistry and physics or biology; and if a graduate of an  
1403 approved college of podiatry or podiatric medicine subsequent to July  
1404 1, 1971, that he or she has completed a course of study of two such  
1405 prepodiatry college years, including the study of chemistry, physics or  
1406 mathematics and biology, and that he or she received the degree of  
1407 D.P.M., Doctor of Podiatric Medicine. No provision of this section shall  
1408 be construed to prevent graduates of a podiatric college, approved by  
1409 the Connecticut Board of Examiners in Podiatry with the consent of the  
1410 Commissioner of Public Health, from receiving practical training in  
1411 podiatry in a residency program in an accredited hospital facility  
1412 which program is accredited by the Council on Podiatric Education.

1413 (b) A licensed podiatrist who is board qualified or certified by the  
1414 American Board of [Podiatric] Foot and Ankle Surgery or the

1415 American Board of Podiatric [Orthopedics and Primary Podiatric]  
1416 Medicine, or said boards' successor organizations, may engage in the  
1417 medical and nonsurgical treatment of the ankle and the anatomical  
1418 structures of the ankle, as well as the administration and prescription  
1419 of drugs incidental thereto, and the nonsurgical treatment of  
1420 manifestations of systemic diseases as they appear on the ankle. Such  
1421 licensed podiatrist shall restrict treatment of displaced ankle fractures  
1422 to the initial diagnosis and the initial attempt at closed reduction at the  
1423 time of presentation and shall not treat tibial pilon fractures. For  
1424 purposes of this section, (1) "ankle" means the distal metaphysis and  
1425 epiphysis of the tibia and fibula, the articular cartilage of the distal  
1426 tibia and distal fibula, the ligaments that connect the distal metaphysis  
1427 and epiphysis of the tibia and fibula and the talus, and the portions of  
1428 skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or  
1429 below the level of the myotendinous junction of the triceps surae, and  
1430 (2) "surgical treatment of the ankle" does not include the performance  
1431 of total ankle replacements or the treatment of tibial pilon fractures.

1432 (c) [No] A licensed podiatrist may independently engage in the  
1433 surgical treatment of the ankle, including the surgical treatment of the  
1434 anatomical structures of the ankle, as well as the administration and  
1435 prescription of drugs incidental thereto, and the surgical treatment of  
1436 manifestations of systemic diseases as they appear on the ankle, [until  
1437 such licensed podiatrist has obtained a permit from] after the  
1438 podiatrist provides documentation to the Department of Public Health  
1439 [after meeting the requirements set forth in subsection (d) or (e) of this  
1440 section, as appropriate. No licensed podiatrist who applies for a permit  
1441 to independently engage in the surgical treatment of the ankle shall be  
1442 issued such permit unless (1) the commissioner is satisfied that the  
1443 applicant is in compliance with all requirements set forth in subsection  
1444 (d) or (e) of this section, as appropriate, and (2) the application  
1445 includes payment of a fee in the amount of one hundred dollars.] of  
1446 the following: (1) (A) Graduation on or after June 1, 2006, from a three-  
1447 year residency program in podiatric medicine and surgery that was  
1448 accredited at the time of graduation by the Council on Podiatric

1449 Medical Education, or its successor organization, or (B) graduation  
1450 prior to June 1, 2006, from a residency program in podiatric medicine  
1451 and surgery that was at least two years in length and accredited at the  
1452 time of graduation by said council; and (2) current board certification  
1453 or qualification in reconstructive rearfoot ankle surgery by the  
1454 American Board of Foot and Ankle Surgery, or its successor  
1455 organization. For purposes of this section, "surgical treatment of the  
1456 ankle" includes all soft tissue and osseous procedures, including ankle  
1457 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal  
1458 of external fixation pins into or from the tibial diaphysis at or below  
1459 the level of the myotendinous junction of the triceps surae and  
1460 insertion and removal of retrograde tibiototalcalcaneal intramedullary  
1461 rods and locking screws up to the level of the myotendinous junction  
1462 of the triceps surae, but does not include the surgical treatment of  
1463 complications within the tibial diaphysis related to the use of external  
1464 fixation pins, the performance of total ankle replacements or the  
1465 treatment of tibial pilon fractures.

1466 (d) The Department of Public Health [may issue a permit to  
1467 independently engage in standard ankle surgery procedures to any  
1468 licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006,  
1469 from a three-year residency program in podiatric medicine and  
1470 surgery that was accredited by the Council on Podiatric Medical  
1471 Education, or its successor organization, at the time of graduation, and  
1472 (B) holds and maintains current board certification in reconstructive  
1473 rearfoot ankle surgery by the American Board of Podiatric Surgery, or  
1474 its successor organization; (2) (A) graduated on or after June 1, 2006,  
1475 from a three-year residency program in podiatric medicine and  
1476 surgery that was accredited by the Council on Podiatric Medical  
1477 Education, or its successor organization, at the time of graduation, (B)  
1478 is board qualified, but not board certified, in reconstructive rearfoot  
1479 ankle surgery by the American Board of Podiatric Surgery, or its  
1480 successor organization, and (C) provides documentation satisfactory to  
1481 the department that such licensed podiatrist has completed acceptable  
1482 training and experience in standard or advanced midfoot, rearfoot and

1483 ankle procedures; or (3) (A) graduated before June 1, 2006, from a  
1484 residency program in podiatric medicine and surgery that was at least  
1485 two years in length and was accredited by the Council on Podiatric  
1486 Medical Education at the time of graduation, (B) holds and maintains  
1487 current board certification in reconstructive rearfoot ankle surgery by  
1488 the American Board of Podiatric Surgery, or its successor organization,  
1489 and (C) provides documentation satisfactory to the department that  
1490 such licensed podiatrist has completed acceptable training and  
1491 experience in standard or advanced midfoot, rearfoot and ankle  
1492 procedures. For purposes of this subsection, "standard ankle surgery  
1493 procedures" includes soft tissue and osseous procedures.] shall  
1494 implement a mechanism for (1) a podiatrist to provide the  
1495 documentation required pursuant to subsection (c) of this section as  
1496 part of the initial licensure application, and (2) credentialing boards  
1497 and the public to access the names of podiatrists who submitted the  
1498 documentation required pursuant to said subsection. Any podiatrist  
1499 who, on October 1, 2018, held a standard ankle surgery permit issued  
1500 by the department shall be considered to have met the documentation  
1501 requirements set forth in said subsection.

1502 [(e) The Department of Public Health may issue a permit to  
1503 independently engage in advanced ankle surgery procedures to any  
1504 licensed podiatrist who has obtained a permit under subsection (d) of  
1505 this section, or who meets the qualifications necessary to obtain a  
1506 permit under said subsection (d), provided such licensed podiatrist: (1)  
1507 (A) Graduated on or after June 1, 2006, from a three-year residency  
1508 program in podiatric medicine and surgery that was accredited by the  
1509 Council on Podiatric Medical Education, or its successor organization,  
1510 at the time of graduation, (B) holds and maintains current board  
1511 qualification in reconstructive rearfoot ankle surgery by the American  
1512 Board of Podiatric Surgery, or its successor organization, and (C)  
1513 provides documentation satisfactory to the department that such  
1514 licensed podiatrist has completed acceptable training and experience  
1515 in advanced midfoot, rearfoot and ankle procedures; or (2) (A)  
1516 graduated before June 1, 2006, from a residency program in podiatric

1517 medicine and surgery that was at least two years in duration and was  
1518 accredited by the Council on Podiatric Medical Education at the time  
1519 of graduation, (B) holds and maintains current board certification in  
1520 reconstructive rearfoot ankle surgery by the American Board of  
1521 Podiatric Surgery, or its successor organization, and (C) provides  
1522 documentation satisfactory to the department that such licensed  
1523 podiatrist has completed acceptable training and experience in  
1524 advanced midfoot, rearfoot and ankle procedures. For purposes of this  
1525 subsection, "advanced ankle surgery procedures" includes ankle  
1526 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal  
1527 of external fixation pins into or from the tibial diaphysis at or below  
1528 the level of the myotendinous junction of the triceps surae, and  
1529 insertion and removal of retrograde tibiototalcalcaneal intramedullary  
1530 rods and locking screws up to the level of the myotendinous junction  
1531 of the triceps surae, but does not include the surgical treatment of  
1532 complications within the tibial diaphysis related to the use of such  
1533 external fixation pins.]

1534 [(f)] (e) A licensed podiatrist who [(1) graduated from a residency  
1535 program in podiatric medicine and surgery that was at least two years  
1536 in duration and was accredited by the Council on Podiatric Medical  
1537 Education, or its successor organization, at the time of graduation, and  
1538 (2) (A) holds and maintains current board certification in  
1539 reconstructive rearfoot ankle surgery by the American Board of  
1540 Podiatric Surgery, or its successor organization, (B) is board qualified  
1541 in reconstructive rearfoot ankle surgery by the American Board of  
1542 Podiatric Surgery, or its successor organization, or (C)] is board  
1543 certified in foot and ankle surgery by the American Board of  
1544 [Podiatric] Foot and Ankle Surgery, or its successor organization, may  
1545 engage in the surgical treatment of the ankle, [including standard and  
1546 advanced ankle surgery procedures, without a permit issued by the  
1547 department in accordance with subsection (d) or (e) of this section,]  
1548 provided such licensed podiatrist is performing such procedures  
1549 under the direct supervision of a physician or surgeon licensed under  
1550 chapter 370 who maintains hospital privileges to perform such



1551 procedures or under the direct supervision of a licensed podiatrist who  
1552 [has been issued a permit] under the provisions of subsection [(d) or  
1553 (e)] (c) of this section, as appropriate, [to] may independently engage  
1554 in [standard or advanced] ankle surgery procedures.

1555 [(g) The Commissioner of Public Health shall appoint an advisory  
1556 committee to assist and advise the commissioner in evaluating  
1557 applicants' training and experience in midfoot, rearfoot and ankle  
1558 procedures for purposes of determining whether such applicants  
1559 should be permitted to independently engage in standard or advanced  
1560 ankle surgery procedures pursuant to subsection (d) or (e) of this  
1561 section. The advisory committee shall consist of four members, two of  
1562 whom shall be podiatrists recommended by the Connecticut Podiatric  
1563 Medical Association and two of whom shall be orthopedic surgeons  
1564 recommended by the Connecticut Orthopedic Society.

1565 (h) Not later than July 1, 2015, the Commissioner of Public Health  
1566 shall adopt regulations, in accordance with chapter 54, to implement  
1567 the provisions of subsections (c) to (f), inclusive, of this section. Such  
1568 regulations shall include, but not be limited to, the number and types  
1569 of procedures required for an applicant's training or experience to be  
1570 deemed acceptable for purposes of issuing a permit under subsection  
1571 (d) or (e) of this section. In identifying the required number and types  
1572 of procedures, the commissioner shall seek the advice and assistance of  
1573 the advisory committee appointed under subsection (g) of this section  
1574 and shall consider nationally recognized standards for accredited  
1575 residency programs in podiatric medicine and surgery for midfoot,  
1576 rearfoot and ankle procedures. The commissioner may issue permits  
1577 pursuant to subsections (c) to (e), inclusive, of this section prior to the  
1578 effective date of any regulations adopted pursuant to this section.]

1579 [(i) (f) The Department of Public Health's issuance of a [permit]  
1580 license to a [licensed] podiatrist to independently engage in [the  
1581 surgical treatment of the ankle] surgery shall not be construed to  
1582 obligate a hospital or outpatient surgical facility to grant such licensed  
1583 podiatrist privileges to perform such procedures at the hospital or

1584 outpatient surgical facility. A podiatrist's privileges and scope of  
1585 practice for foot surgery are not impacted by the podiatrist's privileges  
1586 or scope of practice for ankle surgery.

1587 Sec. 530. Section 20-59 of the general statutes is repealed and the  
1588 following is substituted in lieu thereof (*Effective July 1, 2018*):

1589 The board may take any of the actions set forth in section 19a-17 for  
1590 any of the following reasons: (1) Procurement of a license by fraud or  
1591 material deception; (2) conviction in a court of competent jurisdiction,  
1592 either within or without this state, of any crime in the practice of  
1593 podiatry; (3) fraudulent or deceptive conduct in the course of  
1594 professional services or activities; (4) illegal or incompetent or  
1595 negligent conduct in the practice of podiatry; (5) habitual intemperance  
1596 in the use of spirituous stimulants or addiction to the use of morphine,  
1597 cocaine or other drugs having a similar effect; (6) aiding and abetting  
1598 the practice of podiatry by an unlicensed person or a person whose  
1599 license has been suspended or revoked; (7) mental illness or deficiency  
1600 of the practitioner; (8) physical illness or loss of motor skill, including,  
1601 but not limited to, deterioration through the aging process, of the  
1602 practitioner; (9) undertaking or engaging in any medical practice  
1603 beyond the privileges and rights accorded to the practitioner of  
1604 podiatry by the provisions of this chapter; (10) failure to maintain  
1605 professional liability insurance or other indemnity against liability for  
1606 professional malpractice as provided in subsection (a) of section 20-  
1607 58a; (11) independently engaging in the performance of ankle surgery  
1608 procedures [without a permit,] in violation of section 20-54; (12)  
1609 violation of any provision of this chapter or any regulation adopted  
1610 hereunder; or (13) failure to provide information to the Department of  
1611 Public Health required to complete a health care provider profile, as  
1612 set forth in section 20-13j. The Commissioner of Public Health may  
1613 order a license holder to submit to a reasonable physical or mental  
1614 examination if his physical or mental capacity to practice safely is the  
1615 subject of an investigation. Said commissioner may petition the  
1616 superior court for the judicial district of Hartford to enforce such order  
1617 or any action taken pursuant to section 19a-17. The clerk of any court

1618 in this state in which a person practicing podiatry has been convicted  
1619 of any crime shall, upon such conviction, make written report, in  
1620 duplicate, to the Department of Public Health of the name and  
1621 residence of such person, the crime of which such person was  
1622 convicted and the date of conviction; and said department shall  
1623 forward one of such duplicate reports to the board.

1624 Sec. 531. (NEW) (*Effective July 1, 2018*) Notwithstanding the  
1625 provisions of sections 17b-256, 17b-274a, 17b-274c, 17b-274e and 17b-  
1626 491c, the Department of Public Health may, within available resources,  
1627 administer the Connecticut Aids drug assistance program and  
1628 Connecticut Insurance Premium Assistance Program. The department  
1629 may implement policies and procedures necessary to administer the  
1630 provisions of this section while in the process of adopting such policies  
1631 and procedures as regulations, provided the department posts such  
1632 policies and procedures on the eRegulations System prior to adopting  
1633 them. Policies and procedures implemented pursuant to this section  
1634 shall be valid until regulations are adopted in accordance with chapter  
1635 54 of the general statutes.

1636 (b) Notwithstanding the provisions of sections 17b-256, 17b-274a,  
1637 17b-274c, 17b-274e and 17b-491c, all rebates and refunds from the  
1638 Connecticut AIDS drug assistance program and Connecticut Insurance  
1639 Premium Assistance Program shall be paid to the Department of  
1640 Public Health.

1641 Sec. 532. (NEW) (*Effective July 1, 2018*) (a) As used in this section:

1642 (1) "Nursing home" has the same meaning as provided in section 12-  
1643 263p of the general statutes; and

1644 (2) "Reportable event" means an event occurring at a nursing home  
1645 that is deemed by the department to require the immediate notification  
1646 of the department.

1647 (b) On or before January 1, 2019, the Department of Public Health  
1648 shall develop a system for nursing homes to electronically notify the

1649 department of a reportable event.

1650 (c) On and after January 1, 2019, nursing homes shall report  
1651 reportable events to the department using the electronic reporting  
1652 system developed pursuant to subsection (b) of this section.

1653 Sec. 533. Subdivision (2) of subsection (a) of section 20-195mmm of  
1654 the general statutes is repealed and the following is substituted in lieu  
1655 thereof (*Effective October 1, 2018*):

1656 (2) "Art therapist" means a person who (A) has earned a [bachelor's  
1657 or] graduate degree in art therapy or a related field from an accredited  
1658 institution of higher education, and (B) is certified as an art therapist  
1659 by the Art Therapy Credentials Board or any successor of said board.

1660 Sec. 534. Section 20-162n of the general statutes is repealed and the  
1661 following is substituted in lieu thereof (*Effective October 1, 2018*):

1662 As used in subsection (c) of section 19a-14, this section, and sections  
1663 20-162o to 20-162q, inclusive, as amended by this act:

1664 [(a)] (1) "Commissioner" means the Commissioner of Public Health;

1665 [(b)] (2) "Respiratory care" means health care under the direction of  
1666 a physician licensed pursuant to chapter 370 or an advanced practice  
1667 registered nurse licensed pursuant to chapter 378 and in accordance  
1668 with written protocols developed by such physician or advanced  
1669 practice registered nurse, employed in the therapy, management,  
1670 rehabilitation, diagnostic evaluation and care of patients with  
1671 deficiencies and abnormalities that affect the cardiopulmonary system  
1672 and associated aspects of other system functions and that includes the  
1673 following: [(1)] (A) The therapeutic and diagnostic use of medical  
1674 gases, administering apparatus, humidification and aerosols,  
1675 administration of drugs and medications used to treat the  
1676 cardiorespiratory systems, ventilatory assistance and ventilatory  
1677 control, postural drainage, chest physiotherapy and breathing  
1678 exercises, respiratory rehabilitation, cardiopulmonary resuscitation

1679 and maintenance of natural airways as well as the insertion and  
1680 maintenance of artificial airways, [(2)] (B) the specific testing  
1681 techniques employed in respiratory therapy to assist in diagnosis,  
1682 monitoring, treatment and research, including the measurement of  
1683 ventilatory volumes, pressures and flows, specimen collection of blood  
1684 and other materials, pulmonary function testing and hemodynamic  
1685 and other related physiological monitoring of cardiopulmonary  
1686 systems, including the percutaneous insertion and monitoring and  
1687 maintenance of arterial catheters and the monitoring and maintenance  
1688 of other cardiovascular indwelling catheters, including central venous  
1689 and pulmonary artery catheters, [(3)] (C) performance of a purified  
1690 protein derivative test to identify exposure to tuberculosis, [and (4)]  
1691 (D) patient education in self-care procedures as part of the ongoing  
1692 program of respiratory care of such patient, (E) the insertion of  
1693 intravenous and intraosseous catheters in appropriately identified  
1694 health care settings, including medical evacuation and transport  
1695 vehicles, outpatient bronchoscopy facilities and long-term care and  
1696 rehabilitation facilities, provided the respiratory care practitioner has  
1697 completed a competency-based training and education program in the  
1698 insertion and maintenance of such catheters, (F) the insertion of  
1699 nasogastric tubes, including such tubes used for the purpose of sensing  
1700 diaphragmatic movements, and (G) the monitoring and maintenance  
1701 of all forms of extracorporeal life support, including, but not limited to,  
1702 extracorporeal membrane oxygenation and extracorporeal carbon  
1703 dioxide removal in appropriately identified health care settings,  
1704 including, adult, pediatric and neonatal intensive care units, provided  
1705 the respiratory care practitioner (i) successfully completed the  
1706 examination leading to the registered respiratory therapist credential  
1707 and is recognized as a registered respiratory therapist by the National  
1708 Board for Respiratory Care, (ii) has clinical experience in neonatal,  
1709 pediatric or adult critical care, (iii) completed education and training to  
1710 practice as an extracorporeal membrane oxygenation specialist in  
1711 accordance with the Extracorporeal Life Support Organization's  
1712 guidelines for training and continuing education of such specialists,  
1713 (iv) practices as an extracorporeal membrane oxygenation specialist

1714 under the direction and supervision of a licensed physician trained in  
1715 extracorporeal membrane oxygenation, (v) does not participate in  
1716 extracorporeal membrane oxygenation procedures that occur in an  
1717 operating room, except in the case of a life-threatening emergency  
1718 requiring immediate resuscitation of a patient, and (vi) if the  
1719 practitioner is performing such monitoring or maintenance in a  
1720 hospital setting, is approved by a committee of the hospital that is  
1721 responsible for critical care. The practice of respiratory therapy is not  
1722 limited to the hospital setting; and

1723 [(c)] (3) "Respiratory care practitioner" means a person who is  
1724 licensed to practice respiratory care in this state pursuant to section  
1725 20-162o, as amended by this act, and who may transcribe and  
1726 implement written and verbal orders for respiratory care issued by a  
1727 physician licensed pursuant to chapter 370, or a physician assistant  
1728 licensed pursuant to chapter 370 or an advanced practice registered  
1729 nurse licensed pursuant to chapter 378 who is functioning within the  
1730 person's respective scope of practice.

1731 Sec. 535. Section 20-162o of the general statutes is repealed and the  
1732 following is substituted in lieu thereof (*Effective October 1, 2018*):

1733 (a) Each person seeking licensure as a respiratory care practitioner  
1734 shall make application on forms prescribed by the commissioner, pay  
1735 an application fee of one hundred ninety dollars and present to the  
1736 commissioner satisfactory evidence that (1) [he] such person has  
1737 successfully completed an educational program for respiratory  
1738 therapists or respiratory therapy technicians which, at the time of [his]  
1739 such person's completion, was accredited by the Committee on Allied  
1740 Health Education and Accreditation, or the Commission on  
1741 Accreditation of Allied Health Education Programs, in cooperation  
1742 with the Joint Review Committee for Respiratory Therapy Education,  
1743 or was recognized by the Joint Review Committee for Respiratory  
1744 Therapy Education [,] or accredited by the Commission on the  
1745 Accreditation for Respiratory Care, and (2) [he has passed the entry  
1746 level or advanced practitioner respiratory care examination] such

1747 person is credentialed as a certified respiratory therapist or registered  
1748 respiratory therapist as demonstrated by achieving a passing score on  
1749 the entry level or advanced practitioner respiratory care examination  
1750 administered by the National Board for Respiratory Care, [, Inc., and  
1751 (3) he is currently credentialed by the National Board for Respiratory  
1752 Care as a certified respiratory therapy technician or registered  
1753 respiratory therapist.]

1754 [(b) Notwithstanding the provisions of subsection (a) of this section,  
1755 the department may issue a license as a respiratory care practitioner to  
1756 a person who (1) was credentialed by the National Board for  
1757 Respiratory Care as a certified respiratory therapy technician not later  
1758 than June 30, 1978, or as a registered respiratory therapist not later  
1759 than June 30, 1971, and (2) meets the requirements of subdivisions (2)  
1760 and (3) of subsection (a) of this section. Each person seeking licensure  
1761 pursuant to this subsection shall make application on forms prescribed  
1762 by the commissioner, pay an application fee of one hundred ninety  
1763 dollars and present to the commissioner satisfactory evidence of his  
1764 credentialing by said board.]

1765 [(c)] (b) Notwithstanding the provisions of subsection (a) of this  
1766 section, the department may issue a license as a respiratory care  
1767 practitioner to a person who (1) has been registered as a respiratory  
1768 therapist by the Canadian Society of Respiratory Therapists, (2) has  
1769 passed the clinical simulation examination of the National Board for  
1770 Respiratory Care, and (3) is currently credentialed by said board as a  
1771 registered respiratory therapist. Each person seeking licensure  
1772 pursuant to this subsection shall make application on forms prescribed  
1773 by the commissioner, pay an application fee of one hundred ninety  
1774 dollars and present to the commissioner satisfactory evidence of his  
1775 credentialing by said society and said board.

1776 [(d)] (c) The department may, upon receipt of an application for  
1777 respiratory care licensure, accompanied by the licensure application  
1778 fee of one hundred ninety dollars, issue a temporary permit to a  
1779 person who has completed an educational program in respiratory care

1780 which satisfies the requirements of subdivision (1) of subsection (a) of  
1781 this section. Such temporary permit shall authorize the permittee to  
1782 practice as a respiratory care practitioner under the supervision of a  
1783 person licensed pursuant to this section. Such practice shall be limited  
1784 to those settings where the licensed supervisor is physically present on  
1785 the premises and is immediately available to render assistance and  
1786 supervision as needed, to the permittee. Such temporary permit shall  
1787 be valid from the date of issuance of same until the date of issuance of  
1788 the results of the first examination administered pursuant to  
1789 subdivision (2) of subsection (a) of this section, following the  
1790 permittee's completion of said educational program in respiratory care.  
1791 Such permit shall remain valid for each person who passes said  
1792 examination until the permittee receives their license from the  
1793 department. Such permit shall become void and shall not be reissued  
1794 in the event that the permittee fails to pass said examination. No  
1795 permit shall be issued to any person who has previously failed said  
1796 examination or who is the subject of an unresolved complaint or  
1797 pending professional disciplinary action. Violation of the restrictions  
1798 on practice set forth in this section may constitute a basis for denial of  
1799 licensure as a respiratory care practitioner.

1800 [(e) Notwithstanding the provisions of subsection (a) of this section,  
1801 from July 1, 1995, until July 1, 1996, a person seeking licensure  
1802 pursuant to this section may present to the department satisfactory  
1803 evidence that he has, from July 1, 1980, until July 1, 1995, practiced as a  
1804 respiratory care practitioner for at least ten years and has been  
1805 determined eligible by the National Board for Respiratory Care, Inc. to  
1806 sit for the examination required pursuant to subdivision (2) of  
1807 subsection (a) of this section, provided any license issued pursuant to  
1808 this subsection shall become void on October 1, 1997, unless the person  
1809 has, on or before that date, presented to the department satisfactory  
1810 evidence that he has met the requirements of subdivisions (2) and (3)  
1811 of subsection (a) of this section.]

1812 [(f)] (d) Licenses shall be renewed annually in accordance with the  
1813 provisions of section 19a-88, as amended by this act. The fee for



1814 renewal shall be one hundred five dollars.

1815 [(g)] (e) No license shall be issued under this section to any  
1816 applicant against whom professional disciplinary action is pending or  
1817 who is the subject of an unresolved complaint in this or any other state  
1818 or territory.

1819 [(h)] (f) The commissioner may adopt regulations in accordance  
1820 with the provisions of chapter 54 to administer provisions of sections  
1821 20-162n to 20-162q, inclusive, as amended by this act.

1822 Sec. 536. Subsection (b) of section 20-162r of the general statutes is  
1823 repealed and the following is substituted in lieu thereof (*Effective*  
1824 *January 1, 2019*):

1825 (b) Except as otherwise provided in this section, for registration  
1826 periods beginning on and after [October 1, 2007] January 1, 2019, a  
1827 licensee applying for license renewal shall earn a minimum of [six] ten  
1828 hours of continuing education within the preceding registration  
1829 period. Such continuing education shall (1) be directly related to  
1830 respiratory therapy; [and] (2) reflect the professional needs of the  
1831 licensee in order to meet the health care needs of the public; and (3)  
1832 include a minimum of at least five hours of real-time education with  
1833 opportunities for live interaction, including, but not limited to, in-  
1834 person conferences or real-time webinars. Qualifying continuing  
1835 education activities include, but are not limited to, courses, including  
1836 on-line courses, offered or approved by the American Association for  
1837 Respiratory Care, regionally accredited institutions of higher  
1838 education, or a state or local health department.

1839 Sec. 537. Subsection (f) of section 20-162r of the general statutes is  
1840 repealed and the following is substituted in lieu thereof (*Effective*  
1841 *January 1, 2019*):

1842 (f) Any licensee whose license has become void pursuant to section  
1843 19a-88, as amended by this act, and who applies to the department for  
1844 reinstatement of such license pursuant to section 19a-14, as amended

1845 by this act, shall submit evidence documenting successful completion  
1846 of [six] ten contact hours of qualifying continuing education within the  
1847 one-year period immediately preceding application for reinstatement.

1848 Sec. 538. Subsection (b) of section 20-12c of the general statutes is  
1849 repealed and the following is substituted in lieu thereof (*Effective July*  
1850 *1, 2018*):

1851 (b) A physician may function as a supervising physician for as many  
1852 physician assistants as is medically appropriate under the  
1853 circumstances, provided [(1)] the supervision is active and direct, [,  
1854 and (2) the physician is supervising not more than six full-time  
1855 physician assistants concurrently, or the part-time equivalent thereof.]

1856 Sec. 539. (NEW) (*Effective July 1, 2018*) (a) Each local or regional  
1857 board of education shall request that each child enrolled in the public  
1858 schools submit to an oral health assessment pursuant to the provisions  
1859 of this section. Such oral health assessment shall be conducted by (1) a  
1860 dentist licensed pursuant to chapter 379 of the general statutes, (2) a  
1861 dental hygienist licensed pursuant to chapter 379a of the general  
1862 statutes, (3) a legally qualified practitioner trained in conducting an  
1863 oral health assessment as part of a training program approved by the  
1864 Commissioner of Public Health, (4) a physician assistant licensed  
1865 pursuant to chapter 370 of the general statutes and trained in  
1866 conducting an oral health assessment as part of such a training  
1867 program, or (5) an advanced practice registered nurse licensed  
1868 pursuant to chapter 378 of the general statutes and trained in  
1869 conducting an oral health assessment of such a training program. No  
1870 oral health assessment shall be made of any child enrolled in the public  
1871 schools unless the parent or guardian of such child consents to such  
1872 assessment and such assessment is made in the presence of the child's  
1873 parent or guardian or in the presence of another school employee. The  
1874 parent or guardian of such child shall receive prior written notice and  
1875 shall have a reasonable opportunity to opt his or her child out of such  
1876 assessment, be present at such assessment or provide for such  
1877 assessment himself or herself. A local or regional board of education

1878 may not deny enrollment or continued attendance in public school to  
1879 any child who does not submit to an oral health assessment pursuant  
1880 to this section.

1881 (b) Each local or regional board of education shall request that each  
1882 child submit to an oral health assessment pursuant to subsection (a) of  
1883 this section prior to public school enrollment, in either grade six or  
1884 grade seven, and in either grade nine or grade ten. The oral health  
1885 assessment shall include a dental examination by a dentist or a visual  
1886 screening and risk assessment for oral health conditions by a dental  
1887 hygienist, legally qualified practitioner of medicine, physician assistant  
1888 or advanced practice registered nurse. The assessment form shall  
1889 include a check box for the provider conducting the assessment, as  
1890 described in subsection (a) of this section, to indicate any low,  
1891 moderate or high risk factors associated with any dental or orthodontic  
1892 appliance, saliva, gingival condition, visible plaque, tooth  
1893 demineralization, carious lesions, restorations, pain, swelling or  
1894 trauma.

1895 (c) If a local or regional board of education hosts a free oral health  
1896 assessment event at which a provider described in subsection (a) of  
1897 this section performs an oral health assessment of children attending a  
1898 public school, the local or regional board of education shall notify the  
1899 parents and guardians of the children attending the school in advance  
1900 of the event. Each parent and guardian shall have the opportunity to  
1901 opt his or her child out of the oral health assessment event. Each child  
1902 whose parent did not opt him or her out of the oral health assessment  
1903 event shall receive an oral health assessment, as prescribed in  
1904 subsection (b) of this section, free of charge. No child shall receive  
1905 dental treatment of any kind as part of the oral health assessment  
1906 event unless the child's parent or guardian provides informed consent  
1907 for such treatment.

1908 (d) The results of an oral health assessment performed pursuant to  
1909 this section shall be recorded on a form supplied by the State Board of  
1910 Education. Such information shall be included in the cumulative health

1911 record of each pupil who submitted to an oral health assessment and  
1912 kept on file in the school such pupil attends. Each dentist, dental  
1913 hygienist, legally qualified practitioner of medicine, physician assistant  
1914 or advanced practice registered nurse who performs an oral health  
1915 assessment pursuant to this section shall completely fill out and sign  
1916 the form and any recommendations of the dentist, dental hygienist,  
1917 legally qualified practitioner of medicine, physician assistant or  
1918 advanced practice registered nurse concerning the pupil shall be in  
1919 writing.

1920 (e) Appropriate school health personnel shall review the results of  
1921 each oral health assessment recorded pursuant to subsection (d) of this  
1922 section. When, in the judgment of such school health personnel, a  
1923 pupil is in need of further testing or treatment, the superintendent of  
1924 schools shall give written notice to the parent or guardian of such  
1925 pupil and shall make reasonable efforts to ensure that further testing  
1926 or treatment is provided. Such reasonable efforts shall include a  
1927 determination of whether or not the parent or guardian has obtained  
1928 the necessary testing or treatment for the pupil and, if not, advising the  
1929 parent or guardian as to how such testing or treatment may be  
1930 obtained. The results of such further testing or treatment shall be  
1931 recorded pursuant to subsection (d) of this section and shall be  
1932 reviewed by school health personnel pursuant to this subsection.

1933 Sec. 540. Section 10-209 of the general statutes is repealed and the  
1934 following is substituted in lieu thereof (*Effective July 1, 2018*):

1935 (a) No record of any medical examination made or filed under the  
1936 provisions of sections 10-205, 10-206, 10-207 and 10-214, [or of any]  
1937 psychological examination made under the supervision or at the  
1938 request of a board of education, or oral health assessment conducted  
1939 under section 1 of this act shall be open to public inspection.

1940 (b) Each health care provider, as defined in section 19a-7h, who has  
1941 provided immunizations pursuant to section 10-204a<sub>2</sub> [and] each  
1942 health care provider as described in section 10-206 who has provided

1943 health assessments pursuant to section 10-206, and each dentist, dental  
1944 hygienist, legally qualified practitioner of medicine, physician assistant  
1945 or advanced practice registered nurse who has provided an oral health  
1946 assessment pursuant to section 1 of this act, to a child who is seeking to  
1947 enroll in a public school in this state shall provide reports of such  
1948 immunizations, [and] health assessments and oral health assessments  
1949 to the designated representative of the local or regional school district  
1950 governing the school in which the child seeks to enroll. Such health  
1951 care providers shall also report the results of health assessments  
1952 required pursuant to section 10-206 and report on immunizations  
1953 provided pursuant to section 10-204a to such representative for each  
1954 child enrolled in such public school. Such dentists, dental hygienists,  
1955 legally qualified practitioners of medicine, physician assistants and  
1956 advanced practice registered nurses shall also report the results of oral  
1957 health assessments performed under section 1 of this act to such  
1958 representative for each child enrolled in such public school. Each local  
1959 and regional board of education shall annually designate a  
1960 representative to receive such reports from health care providers.

1961 Sec. 541. Subdivision (2) of subsection (a) of section 20-126l of the  
1962 2018 supplement to the general statutes is repealed and the following  
1963 is substituted in lieu thereof (*Effective July 1, 2018*):

1964 (2) "Public health facility" means an institution, as defined in section  
1965 19a-490, a community health center, a group home, a school, a  
1966 preschool operated by a local or regional board of education, [or] a  
1967 head start program or a program offered or sponsored by the federal  
1968 Special Supplemental Food Program for Women, Infants and Children  
1969 or a licensed child care center, as described in section 19a-77;

1970 Sec. 542. Subsection (a) of section 20-112a of the 2018 supplement to  
1971 the general statutes is repealed and the following is substituted in lieu  
1972 thereof (*Effective October 1, 2018*):

1973 (a) As used in this section:

1974 (1) "Direct supervision" means a licensed dentist has authorized

1975 certain procedures to be performed on a patient by a dental assistant or  
1976 an expanded function dental assistant with such dentist remaining on-  
1977 site in the dental office or treatment facility while such procedures are  
1978 being performed by the dental assistant or expanded function dental  
1979 assistant and that, prior to the patient's departure from the dental  
1980 office, such dentist reviews and approves the treatment performed by  
1981 the dental assistant or expanded function dental assistant;

1982 (2) "Indirect supervision" means a licensed dentist is in the dental  
1983 office or treatment facility, has personally diagnosed the condition,  
1984 planned the treatment, authorized the procedures to be performed and  
1985 remains in the dental office or treatment facility while the procedures  
1986 are being performed by the dental assistant or expanded function  
1987 dental assistant and evaluates the performance of the dental assistant  
1988 or expanded function dental assistant;

1989 (3) "Dental assistant" means a person who: (A) Has (i) completed on-  
1990 the-job training in dental assisting under direct supervision, (ii)  
1991 successfully completed a dental assistant education program  
1992 accredited by the American Dental Association's Commission on  
1993 Dental Accreditation, or (iii) successfully completed a dental assistant  
1994 education program that is accredited or recognized by any national or  
1995 regional accrediting agency recognized by the United States  
1996 Department of Education; and (B) meets any requirements established  
1997 by the Commissioner of Public Health in regulations adopted pursuant  
1998 to subsection (f) of this section; [and]

1999 (4) "Expanded function dental assistant" means a dental assistant  
2000 who has passed the Dental Assisting National Board's certified dental  
2001 assistant or certified orthodontic assistant examination and then  
2002 successfully completed: (A) An expanded function dental assistant  
2003 program at an institution of higher education that is accredited by the  
2004 Commission on Dental Accreditation of the American Dental  
2005 Association that includes (i) educational courses relating to didactic  
2006 and laboratory preclinical objectives for skills used by an expanded  
2007 function dental assistant and that requires demonstration of such skills

2008 prior to advancing to clinical practice, (ii) not less than four hours of  
 2009 education in the area of ethics and professional standards for dental  
 2010 professionals, and (iii) a comprehensive clinical examination  
 2011 administered by the institution of higher education at the conclusion of  
 2012 such program; and (B) a comprehensive written examination  
 2013 concerning certified preventive functions and certified restorative  
 2014 functions administered by the Dental Assisting National Board; and

2015 (5) "Fluoride varnish treatment" means the application of a highly  
 2016 concentrated form of fluoride to the surface of the teeth.

2017 Sec. 543. Subdivision (1) of subsection (c) of section 20-112a of the  
 2018 2018 supplement to the general statutes is repealed and the following  
 2019 is substituted in lieu thereof (*Effective October 1, 2018*):

2020 (c) (1) A licensed dentist may delegate to dental assistants such  
 2021 dental procedures as the dentist may deem advisable, including: (A)  
 2022 The taking of dental x-rays if the dental assistant can demonstrate  
 2023 successful completion of the dental radiation health and safety  
 2024 examination administered by the Dental Assisting National Board;  
 2025 [and] (B) the taking of impressions of teeth for study models; and (C)  
 2026 the provision of fluoride varnish treatments. Such procedures shall be  
 2027 performed under direct supervision and the dentist providing direct  
 2028 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)