



General Assembly

January Session, 2019

Raised Bill No. 921

LCO No. 4478



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES.

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

1 Section 1. Subsection (a) of section 17a-78 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2019*):

4 (a) If a physician or an advanced practice registered nurse
5 determines that a child is in need of immediate hospitalization for
6 evaluation or treatment of a mental disorder, the child may be
7 hospitalized under an emergency or diagnostic certificate as provided
8 in this section for not more than fifteen days without order of any
9 court, unless a written application for commitment of such child has
10 been filed in the Court of Probate prior to the expiration of the fifteen
11 days, in which event such hospitalization shall be continued under the
12 emergency certificate for an additional fifteen days or twenty-five days
13 if the matter has been transferred to the Superior Court, or until the
14 completion of court proceedings, whichever occurs first. At the time of
15 delivery of such child to such hospital, there shall be left, with the

16 persons in charge of such hospital, a certificate, signed by a physician
17 licensed to practice medicine or surgery in [Connecticut] under chapter
18 370 or an advanced practice registered nurse licensed under chapter
19 378, and dated not more than three days prior to its delivery to the
20 person in charge of the hospital. Such certificate shall state the findings
21 of the physician or advanced practice registered nurse and the date of
22 personal examination of the child to be hospitalized, which shall be not
23 more than three days prior to the date of the signature of the
24 certificate.

25 Sec. 2. Subsection (f) of section 17a-78 of the general statutes is
26 repealed and the following is substituted in lieu thereof (*Effective*
27 *October 1, 2019*):

28 (f) Any clinical social worker licensed under chapter 383b[,
29 advanced practice registered nurse licensed under chapter 378] or
30 professional counselor licensed under chapter 383c who has (1)
31 received a minimum of eight hours of specialized training in the
32 conduct of direct evaluations as a member of any emergency mobile
33 psychiatric services team under contract with the Department of
34 Children and Families, and (2) reasonable cause to believe, based on a
35 direct evaluation of a child, that such child (A) has psychiatric
36 disabilities, (B) is dangerous to himself or others or gravely disabled,
37 and (C) is in need of immediate care and treatment may issue an
38 emergency certificate that requires the hospitalization of such child for
39 a psychiatric and medical evaluation. Such child shall be evaluated not
40 later than twenty-four hours after the issuance of the emergency
41 certificate and shall not be held for more than seventy-two hours
42 pursuant to such certificate unless committed pursuant to section 17a-
43 77. The Commissioner of Children and Families shall collect and
44 maintain statistical and demographic information pertaining to
45 emergency certificates issued under this subsection.

46 Sec. 3. Subsection (a) of section 17a-81 of the general statutes is
47 repealed and the following is substituted in lieu thereof (*Effective*
48 *October 1, 2019*):

49 (a) Parental consent shall be necessary for treatment. In the event
50 such consent is withheld or immediately unavailable and the physician
51 or advanced practice registered nurse concludes that treatment is
52 necessary to prevent serious harm to the child, such emergency
53 treatment may be administered pending receipt of parental consent.

54 Sec. 4. Subparagraph (B) of subdivision (16) of section 31-275 of the
55 general statutes is repealed and the following is substituted in lieu
56 thereof (*Effective October 1, 2019*):

57 (B) "Personal injury" or "injury" shall not be construed to include:

58 (i) An injury to an employee that results from the employee's
59 voluntary participation in any activity the major purpose of which is
60 social or recreational, including, but not limited to, athletic events,
61 parties and picnics, whether or not the employer pays some or all of
62 the cost of such activity;

63 (ii) A mental or emotional impairment, unless such impairment (I)
64 arises from a physical injury or occupational disease, (II) in the case of
65 a police officer, arises from such police officer's use of deadly force or
66 subjection to deadly force in the line of duty, regardless of whether
67 such police officer is physically injured, provided such police officer is
68 the subject of an attempt by another person to cause such police officer
69 serious physical injury or death through the use of deadly force, and
70 such police officer reasonably believes such police officer to be the
71 subject of such an attempt, or (III) in the case of a firefighter, is
72 diagnosed as post-traumatic stress disorder by a licensed and board
73 certified mental health professional or a licensed advanced practice
74 registered nurse who is certified as a psychiatric mental health
75 provider by the American Nurses Credentialing Center, determined by
76 such professional or advanced practice registered nurse to be
77 originating from the firefighter witnessing the death of another
78 firefighter while engaged in the line of duty and not subject to any
79 other exclusion in this section. As used in this clause, "police officer"
80 means a member of the Division of State Police within the Department

81 of Emergency Services and Public Protection, an organized local police
82 department or a municipal constabulary, "firefighter" means a
83 uniformed member of a municipal paid or volunteer fire department,
84 and "in the line of duty" means any action that a police officer or
85 firefighter is obligated or authorized by law, rule, regulation or written
86 condition of employment service to perform, or for which the police
87 officer or firefighter is compensated by the public entity such officer
88 serves;

89 (iii) A mental or emotional impairment that results from a personnel
90 action, including, but not limited to, a transfer, promotion, demotion
91 or termination; or

92 (iv) Notwithstanding the provisions of subparagraph (B)(i) of this
93 subdivision, "personal injury" or "injury" includes injuries to
94 employees of local or regional boards of education resulting from
95 participation in a school-sponsored activity but does not include any
96 injury incurred while going to or from such activity. As used in this
97 clause, "school-sponsored activity" means any activity sponsored,
98 recognized or authorized by a board of education and includes
99 activities conducted on or off school property and "participation"
100 means acting as a chaperone, advisor, supervisor or instructor at the
101 request of an administrator with supervisory authority over the
102 employee.

103 Sec. 5. Subsections (b) and (c) of section 31-294d of the general
104 statutes are repealed and the following is substituted in lieu thereof
105 (*Effective October 1, 2019*):

106 (b) The employee shall select the physician, [or] surgeon or
107 advanced practice registered nurse from an approved list of
108 physicians, [and] surgeons and advanced practice registered nurses
109 prepared by the chairman of the Workers' Compensation Commission.
110 If the employee is unable to make the selection, the employer shall do
111 so, subject to ratification by the employee or his next of kin. If the
112 employer has a full-time staff physician or advanced practice

113 registered nurse or if a physician or advanced practice registered nurse
114 is available on call, the initial treatment required immediately
115 following the injury may be rendered by that physician or advanced
116 practice registered nurse, but the employee may thereafter select his
117 own physician or advanced practice registered nurse as provided by
118 this chapter for any further treatment without prior approval of the
119 commissioner.

120 (c) The commissioner may, without hearing, at the request of the
121 employer or the injured employee, when good reason exists, or on his
122 own motion, authorize or direct a change of physician, [or] surgeon or
123 advanced practice registered nurse or hospital or nursing service
124 provided pursuant to subsection (a) of this section.

125 Sec. 6. Subsection (f) of section 31-294d of the general statutes is
126 repealed and the following is substituted in lieu thereof (*Effective*
127 *October 1, 2019*):

128 (f) If the employer fails to promptly provide a physician, [or]
129 surgeon or advanced practice registered nurse or any medical and
130 surgical aid or hospital and nursing service as required by this section,
131 the injured employee may obtain a physician, [or] surgeon or
132 advanced practice registered nurse, selected from the approved list
133 prepared by the chairman, or such medical and surgical aid or hospital
134 and nursing service at the expense of the employer.

135 Sec. 7. Section 31-294i of the general statutes is repealed and the
136 following is substituted in lieu thereof (*Effective October 1, 2019*):

137 For the purpose of adjudication of claims for payment of benefits
138 under the provisions of this chapter to a uniformed member of a paid
139 municipal fire department or a regular member of a paid municipal
140 police department or constable who began such employment on or
141 after July 1, 1996, any condition or impairment of health caused by a
142 cardiac emergency occurring to such member on or after July 1, 2009,
143 while such member is in training for or engaged in fire duty at the site
144 of an accident or fire, or other public safety operation within the scope

145 of such member's employment for such member's municipal employer
146 that results in death or temporary or permanent total or partial
147 disability, shall be presumed to have been suffered in the line of duty
148 and within the scope of such member's employment, unless the
149 contrary is shown by a preponderance of the evidence, provided such
150 member successfully passed a physical examination on entry into
151 service conducted by a licensed physician or advanced practice
152 registered nurse designated by such department which examination
153 failed to reveal any evidence of such condition. For the purposes of
154 this section, "cardiac emergency" means cardiac arrest or myocardial
155 infarction, and "constable" means any municipal law enforcement
156 officer who is authorized to make arrests and has completed Police
157 Officer Standards and Training Council certification pursuant to
158 section 7-294a.

159 Sec. 8. Subsection (c) of section 31-296 of the general statutes is
160 repealed and the following is substituted in lieu thereof (*Effective*
161 *October 1, 2019*):

162 (c) The employer's or insurer's notice of intention to discontinue or
163 reduce payments shall (1) identify the claimant, the claimant's attorney
164 or other representative, the employer, the insurer, and the injury,
165 including the date of the injury, the city or town in which the injury
166 occurred and the nature of the injury, (2) include medical
167 documentation that (A) establishes the basis for the discontinuance or
168 reduction of payments, and (B) identifies the claimant's attending
169 physician or advanced practice registered nurse, and (3) be in
170 substantially the following form:

171 **IMPORTANT**

172 **STATE OF CONNECTICUT WORKERS' COMPENSATION**
173 **COMMISSION**

174 **YOU ARE HEREBY NOTIFIED THAT THE EMPLOYER OR INSURER**
175 **INTENDS TO REDUCE OR DISCONTINUE YOUR COMPENSATION**
176 **PAYMENTS ON (date) FOR THE FOLLOWING REASONS:**

177 If you object to the reduction or discontinuance of benefits as stated
178 in this notice, YOU MUST REQUEST A HEARING NOT LATER
179 THAN 15 DAYS after your receipt of this notice, or this notice will
180 automatically be approved.

181 To request an Informal Hearing, call the Workers' Compensation
182 Commission District Office in which your case is pending.

183 Be prepared to provide medical and other documentation to
184 support your objection. For your protection, note the date when you
185 received this notice.

186 Sec. 9. Section 38a-472a of the general statutes is repealed and the
187 following is substituted in lieu thereof (*Effective October 1, 2019*):

188 No contract between a managed care company, other organization
189 or insurer authorized to do business in this state and a medical
190 provider practicing in this state for the provision of services may
191 require that the medical provider indemnify the managed care
192 company, other organization or insurer for any expenses and liabilities
193 including, without limitation, judgments, settlements, attorneys' fees,
194 court costs and any associated charges incurred in connection with any
195 claim or action brought against a managed care company, other
196 organization or insurer on the basis of its determination of medical
197 necessity or appropriateness of health care services if the information
198 provided by such medical provider used in making the determination
199 was accurate and appropriate at the time it was given. As used in this
200 section and section 38a-472b, "medical provider" means any person
201 licensed pursuant to chapters 370 to 373, inclusive, or chapter 375, 378,
202 379, 380 or 383.

203 Sec. 10. Subsections (d) to (h), inclusive, of section 38a-488a of the
204 general statutes are repealed and the following is substituted in lieu
205 thereof (*Effective October 1, 2019*):

206 (d) In the case of benefits payable for the services of a licensed
207 physician, such benefits shall be payable for the same services when

208 such services are lawfully rendered by a psychologist licensed under
209 the provisions of chapter 383 or by such a licensed psychologist in a
210 licensed hospital or clinic or an advanced practice registered nurse
211 licensed under the provisions of chapter 378.

212 (e) In the case of benefits payable for the services of a licensed
213 physician or psychologist, such benefits shall be payable for the same
214 services when such services are rendered by:

215 (1) A clinical social worker who is licensed under the provisions of
216 chapter 383b and who has passed the clinical examination of the
217 American Association of State Social Work Boards and has completed
218 at least two thousand hours of post-master's social work experience in
219 a nonprofit agency qualifying as a tax-exempt organization under
220 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
221 corresponding internal revenue code of the United States, as from time
222 to time amended, in a municipal, state or federal agency or in an
223 institution licensed by the Department of Public Health under section
224 19a-490;

225 (2) A social worker who was certified as an independent social
226 worker under the provisions of chapter 383b prior to October 1, 1990;

227 (3) A licensed marital and family therapist who has completed at
228 least two thousand hours of post-master's marriage and family therapy
229 work experience in a nonprofit agency qualifying as a tax-exempt
230 organization under Section 501(c) of the Internal Revenue Code of 1986
231 or any subsequent corresponding internal revenue code of the United
232 States, as from time to time amended, in a municipal, state or federal
233 agency or in an institution licensed by the Department of Public Health
234 under section 19a-490;

235 (4) A marital and family therapist who was certified under the
236 provisions of chapter 383a prior to October 1, 1992;

237 (5) A licensed alcohol and drug counselor, as defined in section 20-
238 74s, or a certified alcohol and drug counselor, as defined in section 20-

239 74s;

240 (6) A licensed professional counselor; or

241 (7) An advanced practice registered nurse licensed under the
242 provisions of chapter 378.

243 (f) (1) In the case of benefits payable for the services of a licensed
244 physician, such benefits shall be payable for (A) services rendered in a
245 child guidance clinic or residential treatment facility by a person with a
246 master's degree in social work or by a person with a master's degree in
247 marriage and family therapy under the supervision of a psychiatrist,
248 physician, licensed marital and family therapist, or licensed clinical
249 social worker who is eligible for reimbursement under subdivisions (1)
250 to (4), inclusive, of subsection (e) of this section; (B) services rendered
251 in a residential treatment facility by a licensed or certified alcohol and
252 drug counselor who is eligible for reimbursement under subdivision
253 (5) of subsection (e) of this section; [or] (C) services rendered in a
254 residential treatment facility by a licensed professional counselor who
255 is eligible for reimbursement under subdivision (6) of subsection (e) of
256 this section; or (D) services rendered in a residential treatment facility
257 by a licensed advanced practice registered nurse who is eligible for
258 reimbursement under subdivision (7) of subsection (e) of this section.

259 (2) In the case of benefits payable for the services of a licensed
260 psychologist under subsection (e) of this section, such benefits shall be
261 payable for (A) services rendered in a child guidance clinic or
262 residential treatment facility by a person with a master's degree in
263 social work or by a person with a master's degree in marriage and
264 family therapy under the supervision of such licensed psychologist,
265 licensed marital and family therapist, or licensed clinical social worker
266 who is eligible for reimbursement under subdivisions (1) to (4),
267 inclusive, of subsection (e) of this section; (B) services rendered in a
268 residential treatment facility by a licensed or certified alcohol and drug
269 counselor who is eligible for reimbursement under subdivision (5) of
270 subsection (e) of this section; [or] (C) services rendered in a residential

271 treatment facility by a licensed professional counselor who is eligible
272 for reimbursement under subdivision (6) of subsection (e) of this
273 section; or (D) services rendered in a residential treatment facility by a
274 licensed advanced practice registered nurse who is eligible for
275 reimbursement under subdivision (7) of subsection (e) of this section.

276 (g) In the case of benefits payable for the service of a licensed
277 physician practicing as a psychiatrist or a licensed psychologist, under
278 subsection (e) of this section, such benefits shall be payable for
279 outpatient services rendered (1) in a nonprofit community mental
280 health center, as defined by the Department of Mental Health and
281 Addiction Services, in a nonprofit licensed adult psychiatric clinic
282 operated by an accredited hospital or in a residential treatment facility;
283 (2) under the supervision of a licensed physician practicing as a
284 psychiatrist, a licensed psychologist, a licensed marital and family
285 therapist, a licensed clinical social worker, a licensed or certified
286 alcohol and drug counselor, [or] a licensed professional counselor or a
287 licensed advanced practice registered nurse who is eligible for
288 reimbursement under subdivisions (1) to ~~[(6)]~~ (7), inclusive, of
289 subsection (e) of this section; and (3) within the scope of the license
290 issued to the center or clinic by the Department of Public Health or to
291 the residential treatment facility by the Department of Children and
292 Families.

293 (h) Except in the case of emergency services or in the case of services
294 for which an individual has been referred by a physician or an
295 advanced practice registered nurse affiliated with a health care center,
296 nothing in this section shall be construed to require a health care center
297 to provide benefits under this section through facilities that are not
298 affiliated with the health care center.

299 Sec. 11. Subsection (b) of section 38a-492e of the general statutes is
300 repealed and the following is substituted in lieu thereof (*Effective*
301 *October 1, 2019*):

302 (b) Benefits shall cover: (1) Initial training visits provided to an

303 individual after the individual is initially diagnosed with diabetes that
304 is medically necessary for the care and management of diabetes,
305 including, but not limited to, counseling in nutrition and the proper
306 use of equipment and supplies for the treatment of diabetes, totaling a
307 maximum of ten hours; (2) training and education that is medically
308 necessary as a result of a subsequent diagnosis by a physician or an
309 advanced practice registered nurse of a significant change in the
310 individual's symptoms or condition which requires modification of the
311 individual's program of self-management of diabetes, totaling a
312 maximum of four hours; and (3) training and education that is
313 medically necessary because of the development of new techniques
314 and treatment for diabetes totaling a maximum of four hours.

315 Sec. 12. Section 38a-499 of the general statutes is repealed and the
316 following is substituted in lieu thereof (*Effective October 1, 2019*):

317 (a) For the purposes of this section:

318 (1) ["Certified nurse practitioner"] "Advanced practice registered
319 nurse" means any advanced practice registered nurse licensed under
320 the provisions of chapter 378; [who has completed a formal
321 educational nurse practitioner program and is certified by the
322 American Nurses' Association, the National Board of Pediatric Nurse
323 Practitioners and Associates or the Nurses' Association of the
324 American College of Obstetricians and Gynecologists;]

325 (2) ["Certified psychiatric-mental health clinical nurse specialist"]
326 "Certified psychiatric-mental health advanced practice registered
327 nurse" means any advanced practice registered nurse licensed under
328 chapter 378 who [has completed a formal educational program as a
329 psychiatric-mental health clinical nurse specialist and is certified by the
330 American Nurses' Association] is board certified as a psychiatric-
331 mental health provider by the American Nurses Credentialing Center;

332 (3) "Certified nurse-midwife" means any individual certified as
333 nurse-midwife pursuant to sections 20-86a to 20-86e, inclusive;

334 (4) "Physician assistant" means an individual licensed pursuant to
335 section 20-12b.

336 (b) Each individual health insurance policy providing coverage of
337 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of
338 section 38a-469 delivered, issued for delivery, renewed, amended or
339 continued in this state shall provide coverage for the services of
340 physician assistants, [certified nurse practitioners] advanced practice
341 registered nurses, certified psychiatric-mental health [clinical nurse
342 specialists] advanced practice registered nurses and certified nurse-
343 midwives if such services are within the individual's area of
344 professional competence as established by education and licensure or
345 certification and are currently reimbursed when rendered by any other
346 licensed health care provider. Subject to the provisions of chapter 378
347 and sections 20-86a to 20-86e, inclusive, no insurer, hospital service
348 corporation, medical service corporation or health care center may
349 require signature, referral or employment by any other health care
350 provider as a condition of reimbursement, provided no insurer,
351 hospital service corporation, medical service corporation or health care
352 center may be required to pay for duplicative services actually
353 rendered by both a physician assistant or [a certified registered nurse]
354 an advanced practice registered nurse and any other health care
355 provider. The payment of such benefits shall be subject to any policy
356 provisions which apply to other licensed health practitioners
357 providing the same services. Nothing in this section may be construed
358 as permitting (1) any registered nurse to perform or provide services
359 beyond the scope of practice permitted in chapter 378 and sections 20-
360 86a to 20-86e, inclusive, or (2) any physician assistant to perform or
361 provide services beyond the scope of practice permitted in chapter 370.

362 Sec. 13. Subsection (d) of section 38a-503 of the general statutes is
363 repealed and the following is substituted in lieu thereof (*Effective*
364 *October 1, 2019*):

365 (d) Each mammography report provided to a patient shall include
366 information about breast density, based on the Breast Imaging

367 Reporting and Data System established by the American College of
368 Radiology. Where applicable, such report shall include the following
369 notice: "If your mammogram demonstrates that you have dense breast
370 tissue, which could hide small abnormalities, you might benefit from
371 supplementary screening tests, which can include a breast ultrasound
372 screening or a breast MRI examination, or both, depending on your
373 individual risk factors. A report of your mammography results, which
374 contains information about your breast density, has been sent to your
375 physician's or advanced practice registered nurse's office and you
376 should contact your physician or advanced practice registered nurse if
377 you have any questions or concerns about this report."

378 Sec. 14. Subdivision (5) of subsection (a) of section 38a-514b of the
379 general statutes is repealed and the following is substituted in lieu
380 thereof (*Effective October 1, 2019*):

381 (5) "Diagnosis" means the medically necessary assessment,
382 evaluation or testing performed by a licensed physician, licensed
383 psychologist, [or] licensed clinical social worker or licensed advanced
384 practice registered nurse to determine if an individual has autism
385 spectrum disorder.

386 Sec. 15. Subsection (c) of section 38a-514b of the general statutes is
387 repealed and the following is substituted in lieu thereof (*Effective*
388 *October 1, 2019*):

389 (c) Such policy shall provide coverage for the following treatments,
390 provided such treatments are (1) medically necessary, and (2)
391 identified and ordered by a licensed physician, licensed psychologist,
392 [or] licensed clinical social worker or licensed advanced practice
393 registered nurse for an insured who is diagnosed with autism
394 spectrum disorder, in accordance with a treatment plan developed by
395 a licensed behavior analyst, licensed physician, licensed psychologist
396 or licensed clinical social worker, pursuant to a comprehensive
397 evaluation or reevaluation of the insured:

398 (A) Behavioral therapy;

399 (B) Prescription drugs, to the extent prescription drugs are a
400 covered benefit for other diseases and conditions under such policy,
401 prescribed by a licensed physician, a licensed physician assistant or an
402 advanced practice registered nurse for the treatment of symptoms and
403 comorbidities of autism spectrum disorder;

404 (C) Direct psychiatric or consultative services provided by a
405 licensed psychiatrist;

406 (D) Direct psychological or consultative services provided by a
407 licensed psychologist;

408 (E) Physical therapy provided by a licensed physical therapist;

409 (F) Speech and language pathology services provided by a licensed
410 speech and language pathologist; and

411 (G) Occupational therapy provided by a licensed occupational
412 therapist.

413 Sec. 16. Subsection (e) of section 38a-514b of the general statutes is
414 repealed and the following is substituted in lieu thereof (*Effective*
415 *October 1, 2019*):

416 (e) (1) Except for treatments and services received by an insured in
417 an inpatient setting, an insurer, health care center, hospital service
418 corporation, medical service corporation or fraternal benefit society
419 may review a treatment plan developed as set forth in subsection (c) of
420 this section for such insured, in accordance with its utilization review
421 requirements, not more than once every six months unless such
422 insured's licensed physician, licensed psychologist, [or] licensed
423 clinical social worker or licensed advanced practice registered nurse
424 agrees that a more frequent review is necessary or changes such
425 insured's treatment plan.

426 (2) For the purposes of this section, the results of a diagnosis shall be
427 valid for a period of not less than twelve months, unless such insured's
428 licensed physician, licensed psychologist, [or] licensed clinical social

429 worker or licensed advanced practice registered nurse determines a
430 shorter period is appropriate or changes the results of such insured's
431 diagnosis.

432 Sec. 17. Subsection (b) of section 38a-518e of the general statutes is
433 repealed and the following is substituted in lieu thereof (*Effective*
434 *October 1, 2019*):

435 (b) Benefits shall cover: (1) Initial training visits provided to an
436 individual after the individual is initially diagnosed with diabetes that
437 is medically necessary for the care and management of diabetes,
438 including, but not limited to, counseling in nutrition and the proper
439 use of equipment and supplies for the treatment of diabetes, totaling a
440 maximum of ten hours; (2) training and education that is medically
441 necessary as a result of a subsequent diagnosis by a physician or
442 advanced practice registered nurse of a significant change in the
443 individual's symptoms or condition which requires modification of the
444 individual's program of self-management of diabetes, totaling a
445 maximum of four hours; and (3) training and education that is
446 medically necessary because of the development of new techniques
447 and treatment for diabetes totaling a maximum of four hours.

448 Sec. 18. Subsection (d) of section 38a-530 of the general statutes is
449 repealed and the following is substituted in lieu thereof (*Effective*
450 *October 1, 2019*):

451 (d) Each mammography report provided to a patient shall include
452 information about breast density, based on the Breast Imaging
453 Reporting and Data System established by the American College of
454 Radiology. Where applicable, such report shall include the following
455 notice: "If your mammogram demonstrates that you have dense breast
456 tissue, which could hide small abnormalities, you might benefit from
457 supplementary screening tests, which can include a breast ultrasound
458 screening or a breast MRI examination, or both, depending on your
459 individual risk factors. A report of your mammography results, which
460 contains information about your breast density, has been sent to your

461 physician's or advanced practice registered nurse's office and you
462 should contact your physician or advanced practice registered nurse if
463 you have any questions or concerns about this report."

464 Sec. 19. Section 4-105 of the general statutes is repealed and the
465 following is substituted in lieu thereof (*Effective October 1, 2019*):

466 If any patient who has received treatment in any such hospital, after
467 [his] discharge from such hospital, has made written application to
468 such hospital, hospital society or corporation for permission to
469 examine his or her record as such patient in such hospital and has been
470 refused permission to examine or copy the same, such patient may file
471 a written motion addressed to any judge of the Superior Court,
472 praying for a disclosure of the contents of such hospital record relating
473 to such patient and for a production of the same before such judge.
474 Upon such application being filed, the judge to whom the same has
475 been presented shall cause reasonable notice to be given to such
476 hospital, hospital society or corporation of the time when and place
477 where such petition will be heard, and such judge, after due hearing
478 and notice, may order the officer authorized to act in the capacity of
479 manager of such hospital to produce before [him] the court and deliver
480 into [his] the custody of the court the history, bedside notes, charts,
481 pictures and plates of such patient for the purpose of being examined
482 or copied by such patient [,] or his or her physician, advanced practice
483 registered nurse or authorized attorney. Each officer of any hospital
484 having custody of the history, bedside notes, charts, pictures or plates
485 of any patient therein, who refuses to produce such record before such
486 [judge] court, pursuant to the provisions of this section, shall be fined
487 not more than one hundred dollars or imprisoned not more than six
488 months or both.

489 Sec. 20. Subsection (c) of section 7-51a of the general statutes is
490 repealed and the following is substituted in lieu thereof (*Effective*
491 *October 1, 2019*):

492 (c) For deaths occurring on or after July 1, 1997, the Social Security

493 number of the deceased person shall be recorded in the "administrative
494 purposes" section of the death certificate. Such administrative
495 purposes section, and the Social Security number contained therein,
496 shall be restricted and disclosed only to the following eligible parties:
497 (1) All parties specified on the death certificate, including the
498 informant, licensed funeral director, licensed embalmer, conservator,
499 surviving spouse, physician or advanced practice registered nurse and
500 town clerk, for the purpose of processing the certificate, (2) the
501 surviving spouse, (3) the next of kin, or (4) any state and federal
502 agencies authorized by federal law. The department shall provide any
503 other individual, researcher or state or federal agency requesting a
504 certified or uncertified death certificate, or the information contained
505 within such certificate, for a death occurring on or after July 1, 1997,
506 such certificate or information. The decedent's Social Security number
507 shall be removed or redacted from such certificate or information or
508 the administrative purposes section shall be omitted from such
509 certificate.

510 Sec. 21. Section 17b-233 of the general statutes is repealed and the
511 following is substituted in lieu thereof (*Effective October 1, 2019*):

512 Newington Children's Hospital may admit any child who is
513 handicapped or afflicted with any pediatric illness upon application of
514 the selectmen of any town, or the guardian or any relative of such
515 child, or any public health agency, [or] physician or advanced practice
516 registered nurse, provided, no person shall be admitted primarily for
517 the treatment of any drug-related condition. Said hospital shall admit
518 such child to said hospital if such child is pronounced by [the
519 physicians] a physician or advanced practice registered nurse on the
520 staff of said hospital, after examination, to be suitable for admission,
521 and said hospital shall keep and support such child for such length of
522 time as it deems proper. Said hospital shall not be required to admit
523 any such child unless it can conveniently receive and care for such
524 child at the time application is made and said hospital may return to
525 the town in which such child resides any child so taken who is
526 pronounced by [the physicians] a physician or advanced practice

527 registered nurse on the staff of said hospital, after examination, to be
528 unsuitable for retention or who, by reason of improvement in his
529 condition or completion of his treatment or training, ought not to be
530 further retained. The hospital may refuse to admit any child
531 pronounced by [the physicians] a physician or advanced practice
532 registered nurse on the staff of said hospital, after examination, to be
533 unsuitable for admission and may refuse to admit any such child when
534 the facilities at the hospital will not, in the judgment of said
535 [physicians] physician or advanced practice registered nurse, permit
536 the hospital to care for such child adequately and properly.

537 Sec. 22. Section 17b-236 of the general statutes is repealed and the
538 following is substituted in lieu thereof (*Effective October 1, 2019*):

539 When there is found in any town in this state any child of sound
540 mind who is physically disabled or who is afflicted with poliomyelitis
541 or rheumatic fever, or any uncontagious disabling disease, and who is
542 unable to pay and whose relatives who are legally liable for his
543 support are unable to pay the full cost of treating such disease, if such
544 child and one of such relatives reside in this state, the selectmen of
545 such town, or the guardian or any relative of such child, or any public
546 health agency, [or] physician or advanced practice registered nurse in
547 this state, may make application to The Children's Center, located at
548 Hamden, for the admission of such child to said center. Said center
549 shall admit such child if such child is pronounced by [the physicians] a
550 physician or advanced practice registered nurse on the staff of said
551 center, after examination, to be fit for admission, and said center shall
552 keep and support such child for such length of time as it deems
553 proper. Said center shall not be required to admit any such child unless
554 it can conveniently receive and care for him at the time such
555 application is made, and said center may return to the town in which
556 such child resides any child so taken who is pronounced by [the
557 physicians] a physician or advanced practice registered nurse on the
558 staff of said center, after examination, to be unfit for retention, or who,
559 by reason of improvement in his condition or completion of his
560 treatment or training, ought not to be further retained. The center may

561 refuse to admit any child who is pronounced by [the physicians] a
562 physician or advanced practice registered nurse on the staff of said
563 center, after examination, to be unfit for admission, and may refuse to
564 admit any such child when the facilities at the center will not, in the
565 judgment of said [physicians] physician or advanced practice
566 registered nurse, permit the center to care for such child adequately
567 and properly.

568 Sec. 23. Section 17b-278d of the general statutes is repealed and the
569 following is substituted in lieu thereof (*Effective October 1, 2019*):

570 The Commissioner of Social Services, to the extent permitted by
571 federal law, shall take such action as may be necessary to amend the
572 Medicaid state plan and the state children's health insurance plan to
573 provide coverage without prior authorization for each child diagnosed
574 with cancer on or after January 1, 2000, who is covered under the
575 HUSKY Health program, for neuropsychological testing ordered by a
576 licensed physician or licensed advanced practice registered nurse, to
577 assess the extent of any cognitive or developmental delays in such
578 child due to chemotherapy or radiation treatment.

579 Sec. 24. Section 19a-2a of the general statutes is repealed and the
580 following is substituted in lieu thereof (*Effective October 1, 2019*):

581 The Commissioner of Public Health shall employ the most efficient
582 and practical means for the prevention and suppression of disease and
583 shall administer all laws under the jurisdiction of the Department of
584 Public Health and the Public Health Code. The commissioner shall
585 have responsibility for the overall operation and administration of the
586 Department of Public Health. The commissioner shall have the power
587 and duty to: (1) Administer, coordinate and direct the operation of the
588 department; (2) adopt and enforce regulations, in accordance with
589 chapter 54, as are necessary to carry out the purposes of the
590 department as established by statute; (3) establish rules for the internal
591 operation and administration of the department; (4) establish and
592 develop programs and administer services to achieve the purposes of

593 the department as established by statute; (5) enter into a contract,
594 including, but not limited to, a contract with another state, for facilities,
595 services and programs to implement the purposes of the department
596 as established by statute; (6) designate a deputy commissioner or other
597 employee of the department to sign any license, certificate or permit
598 issued by said department; (7) conduct a hearing, issue subpoenas,
599 administer oaths, compel testimony and render a final decision in any
600 case when a hearing is required or authorized under the provisions of
601 any statute dealing with the Department of Public Health; (8) with the
602 health authorities of this and other states, secure information and data
603 concerning the prevention and control of epidemics and conditions
604 affecting or endangering the public health, and compile such
605 information and statistics and shall disseminate among health
606 authorities and the people of the state such information as may be of
607 value to them; (9) annually issue a list of reportable diseases,
608 emergency illnesses and health conditions and a list of reportable
609 laboratory findings and amend such lists as the commissioner deems
610 necessary and distribute such lists as well as any necessary forms to
611 each licensed physician, licensed advanced practice registered nurse
612 and clinical laboratory in this state. The commissioner shall prepare
613 printed forms for reports and returns, with such instructions as may be
614 necessary, for the use of directors of health, boards of health and
615 registrars of vital statistics; and (10) specify uniform methods of
616 keeping statistical information by public and private agencies,
617 organizations and individuals, including a client identifier system, and
618 collect and make available relevant statistical information, including
619 the number of persons treated, frequency of admission and
620 readmission, and frequency and duration of treatment. The client
621 identifier system shall be subject to the confidentiality requirements set
622 forth in section 17a-688 and regulations adopted thereunder. The
623 commissioner may designate any person to perform any of the duties
624 listed in subdivision (7) of this section. The commissioner shall have
625 authority over directors of health and may, for cause, remove any such
626 director; but any person claiming to be aggrieved by such removal
627 may appeal to the Superior Court which may affirm or reverse the

628 action of the commissioner as the public interest requires. The
629 commissioner shall assist and advise local directors of health and
630 district directors of health in the performance of their duties, and may
631 require the enforcement of any law, regulation or ordinance relating to
632 public health. In the event the commissioner reasonably suspects
633 impropriety on the part of a local director of health or district director
634 of health, or employee of such director, in the performance of his or
635 her duties, the commissioner shall provide notification and any
636 evidence of such impropriety to the appropriate governing authority
637 of the municipal health authority, established pursuant to section 19a-
638 200, or the district department of health, established pursuant to
639 section 19a-244, for purposes of reviewing and assessing a director's or
640 an employee's compliance with such duties. Such governing authority
641 shall provide a written report of its findings from the review and
642 assessment to the commissioner not later than ninety days after such
643 review and assessment. When requested by local directors of health or
644 district directors of health, the commissioner shall consult with them
645 and investigate and advise concerning any condition affecting public
646 health within their jurisdiction. The commissioner shall investigate
647 nuisances and conditions affecting, or that he or she has reason to
648 suspect may affect, the security of life and health in any locality and,
649 for that purpose, the commissioner, or any person authorized by the
650 commissioner, may enter and examine any ground, vehicle, apartment,
651 building or place, and any person designated by the commissioner
652 shall have the authority conferred by law upon constables. Whenever
653 the commissioner determines that any provision of the general statutes
654 or regulation of the Public Health Code is not being enforced
655 effectively by a local health department or health district, he or she
656 shall forthwith take such measures, including the performance of any
657 act required of the local health department or health district, to ensure
658 enforcement of such statute or regulation and shall inform the local
659 health department or health district of such measures. In September of
660 each year the commissioner shall certify to the Secretary of the Office
661 of Policy and Management the population of each municipality. The
662 commissioner may solicit and accept for use any gift of money or

663 property made by will or otherwise, and any grant of or contract for
664 money, services or property from the federal government, the state,
665 any political subdivision thereof, any other state or any private source,
666 and do all things necessary to cooperate with the federal government
667 or any of its agencies in making an application for any grant or
668 contract. The commissioner may establish state-wide and regional
669 advisory councils. For purposes of this section, "employee of such
670 director" means an employee of, a consultant employed or retained by
671 or an independent contractor retained by a local director of health, a
672 district director of health, a local health department or a health district.

673 Sec. 25. Subsection (a) of section 19a-26 of the general statutes is
674 repealed and the following is substituted in lieu thereof (*Effective*
675 *October 1, 2019*):

676 (a) The Department of Public Health may establish, maintain and
677 control state laboratories to perform examinations of supposed morbid
678 tissues, other laboratory tests for the diagnosis and control of
679 preventable diseases, and laboratory work in the field of sanitation,
680 environmental and occupational testing and research studies for the
681 protection and preservation of the public health. Such laboratory
682 services shall be performed upon the application of licensed
683 physicians, other laboratories, licensed dentists, licensed podiatrists,
684 licensed advanced practice registered nurses, local directors of health,
685 public utilities or state departments or institutions, subject to
686 regulations prescribed by the Commissioner of Public Health, and
687 upon payment of any applicable fee as provided in this subsection. For
688 such purposes the department may provide necessary buildings and
689 apparatus, employ, subject to the provisions of chapter 67,
690 administrative and scientific personnel and assistants and do all things
691 necessary for the conduct of such laboratories. The Commissioner of
692 Public Health may establish a schedule of fees, provided the
693 commissioner waives the fees for local directors of health and local law
694 enforcement agencies. If the commissioner establishes a schedule of
695 fees, the commissioner may waive (1) the fees, in full or in part, for
696 others if the commissioner determines that the public health requires a

697 waiver, and (2) fees for chlamydia and gonorrhea testing for nonprofit
698 organizations and institutions of higher education if the organization
699 or institution provides combination chlamydia and gonorrhea test kits.
700 The commissioner shall also establish a fair handling fee which a client
701 of a state laboratory may charge a person or third party payer for
702 arranging for the services of the laboratory. Such client shall not charge
703 an amount in excess of such handling fee.

704 Sec. 26. Subsection (a) of section 19a-490b of the general statutes is
705 repealed and the following is substituted in lieu thereof (*Effective*
706 *October 1, 2019*):

707 (a) Upon the written request of a patient or the patient's attorney or
708 authorized representative, or pursuant to a written authorization, an
709 institution licensed pursuant to this chapter shall furnish to the person
710 making such request a copy of the patient's health record, including
711 but not limited to, copies of bills, laboratory reports, prescriptions and
712 other technical information used in assessing the patient's health
713 condition. In addition, an institution shall provide the patient or the
714 patient's designated health care provider with a reasonable
715 opportunity to examine retained tissue slides and retained pathology
716 tissue blocks. Upon the written request of the patient, the patient's
717 attorney or the patient's designated health care provider, an institution
718 shall send the original retained tissue slide or original retained tissue
719 block directly to the patient's designated licensed institution,
720 laboratory or physician. If the original slide or block is not available or
721 if a new section cut of the original slide or block is a fair representation
722 of the original slide or block, then the institution may send the new
723 section cut, which is clearly labeled as a new section cut, to the
724 patient's designated health care provider. Any patient or the patient's
725 attorney or authorized representative who is provided with an original
726 retained slide, tissue block or a new section under the provisions of
727 this subsection shall be solely responsible for safeguarding and
728 returning the slide, block or new section to the institution. Any
729 institution or laboratory that has released an original slide, an original
730 tissue block or new section pursuant to the provisions of this

731 subsection shall not be subject to any liability arising out of releasing
732 or not retaining the slide, block or new section and no cause of action
733 for damages shall arise against any such institution for releasing or not
734 retaining the slide, block or new section. No such institution shall
735 charge more than sixty-five cents per page, including any research
736 fees, clerical fees, handling fees or related costs, and the cost of first
737 class postage, if applicable, for furnishing or providing access to a
738 health record pursuant to this subsection, except such an institution
739 may charge the amount necessary to cover its cost of materials for
740 furnishing a copy of an x-ray or for furnishing an original retained
741 slide, an original tissue block or a new section cut from a retained
742 pathology tissue block. For purposes of this subsection, "health care
743 provider" means an institution or laboratory licensed under this
744 chapter or licensed in the state where located, [or] a physician licensed
745 under chapter 370 or licensed in the state where located or an
746 advanced practice registered nurse licensed under chapter 378 or
747 licensed in the state where located.

748 Sec. 27. Section 19a-551 of the general statutes is repealed and the
749 following is substituted in lieu thereof (*Effective October 1, 2019*):

750 Each nursing home facility and residential care home shall: (1) On
751 or before the admission of each resident provide such resident or such
752 resident's legally liable relative, guardian or conservator with a written
753 statement explaining such resident's rights regarding the resident's
754 personal funds and listing the charges that may be deducted from such
755 funds. Such statement shall explain that the nursing home facility or
756 residential care home shall on and after October 1, 1992, pay interest at
757 a rate not less than four per cent per annum and on and after October
758 1, 1994, pay interest at a rate not less than five and one-half per cent
759 per annum on any security deposit or other advance payment required
760 of such resident prior to admission to the nursing home facility or
761 residential care home. In the case of residents receiving benefits under
762 Title XVIII or XIX of the federal Social Security Act the statement shall
763 include a list of charges not covered by said titles and not covered by
764 the basic per diem rate provided by said titles. Upon delivery of such

765 statement the person in charge of the nursing home facility or
766 residential care home shall obtain a signed receipt acknowledging such
767 delivery; (2) upon written consent or request of the resident or the
768 resident's legally liable relative, guardian or conservator, manage such
769 resident's personal funds, provided such consent by a resident shall
770 not be effective unless cosigned by the resident's legally liable relative
771 or guardian if such resident has been determined by a physician or
772 advanced practice registered nurse to be mentally incapable of
773 understanding and no conservator has been appointed. As manager of
774 such personal funds the nursing home facility or residential care home
775 shall: (A) Either maintain separate accounts for each resident or
776 maintain an aggregate trust account for residents' funds to prevent
777 commingling the personal funds of residents with the funds of such
778 facility or residential care home. Such facility or residential care home
779 shall notify in writing each resident receiving Medicaid assistance or
780 such resident's legally liable relative, guardian or conservator when
781 the amount in the resident's account reaches two hundred dollars less
782 than the dollar amount determined under the Medicaid program as
783 the maximum for eligibility under the program and advise the resident
784 or such resident's legally liable relative, guardian or conservator that if
785 the amount in the account plus the value of the resident's other
786 nonexempt resources reaches the maximum the resident may lose his
787 or her Medicaid eligibility; (B) obtain signed receipts for each
788 expenditure from each resident's personal funds; (C) maintain an
789 individual itemized record of income and expenditures for each
790 resident, including quarterly accountings; and (D) permit the resident
791 or the resident's legally liable relative, guardian or conservator, and
792 the regional long-term care ombudsman, and representatives from the
793 Departments of Social Services and Public Health, access to such
794 record; and (3) (A) refund any overpayment or deposit from a former
795 resident or such resident's legally liable relative, guardian or
796 conservator not later than thirty days after the resident's discharge and
797 (B) refund any deposit from an individual planning to be admitted to
798 such facility or residential care home not later than thirty days after
799 receipt of written notification that the individual is no longer planning

800 to be admitted. A refund issued after thirty days shall include interest
801 at a rate of ten per cent per annum. For the purposes of this section
802 "deposit" shall include liquidated damages under any contract for
803 pending admission.

804 Sec. 28. Subsections (a) and (b) of section 20-631 of the general
805 statutes are repealed and the following is substituted in lieu thereof
806 (*Effective October 1, 2019*):

807 (a) Except as provided in section 20-631b, one or more pharmacists
808 licensed under this chapter who are determined competent in
809 accordance with regulations adopted pursuant to subsection (d) of this
810 section may enter into a written protocol-based collaborative drug
811 therapy management agreement with one or more physicians licensed
812 under chapter 370 or advanced practice registered nurses licensed
813 under chapter 378 to manage the drug therapy of individual patients.
814 In order to enter into a written protocol-based collaborative drug
815 therapy management agreement, such physician or advanced practice
816 registered nurse shall have established a [physician-patient] provider-
817 patient relationship with the patient who will receive collaborative
818 drug therapy. Each patient's collaborative drug therapy management
819 shall be governed by a written protocol specific to that patient
820 established by the treating physician or advanced practice registered
821 nurse in consultation with the pharmacist. For purposes of this
822 subsection, a ["physician-patient relationship"] "provider-patient
823 relationship" is a relationship based on (1) the patient making a
824 medical complaint, (2) the patient providing a medical history, (3) the
825 patient receiving a physical examination, and (4) a logical connection
826 existing between the medical complaint, the medical history, the
827 physical examination and any drug prescribed for the patient.

828 (b) A collaborative drug therapy management agreement may
829 authorize a pharmacist to implement, modify or discontinue a drug
830 therapy that has been prescribed for a patient, order associated
831 laboratory tests and administer drugs, all in accordance with a patient-
832 specific written protocol. In instances where drug therapy is

833 discontinued, the pharmacist shall notify the treating physician or
834 advanced practice registered nurse of such discontinuance no later
835 than twenty-four hours from the time of such discontinuance. Each
836 protocol developed, pursuant to the collaborative drug therapy
837 management agreement, shall contain detailed direction concerning
838 the actions that the pharmacist may perform for that patient. The
839 protocol shall include, but need not be limited to, (1) the specific drug
840 or drugs to be managed by the pharmacist, (2) the terms and
841 conditions under which drug therapy may be implemented, modified
842 or discontinued, (3) the conditions and events upon which the
843 pharmacist is required to notify the physician or advanced practice
844 registered nurse, and (4) the laboratory tests that may be ordered. All
845 activities performed by the pharmacist in conjunction with the
846 protocol shall be documented in the patient's medical record. The
847 pharmacist shall report at least every thirty days to the physician or
848 advanced practice registered nurse regarding the patient's drug
849 therapy management. The collaborative drug therapy management
850 agreement and protocols shall be available for inspection by the
851 Departments of Public Health and Consumer Protection. A copy of the
852 protocol shall be filed in the patient's medical record.

853 Sec. 29. Subsections (a) and (b) of section 20-631a of the general
854 statutes are repealed and the following is substituted in lieu thereof
855 (*Effective October 1, 2019*):

856 (a) Not later than January 1, 2006, the Commissioner of Consumer
857 Protection, in consultation with the Commission of Pharmacy, shall
858 establish and operate a two-year pilot program to allow not more than
859 ten pharmacists licensed under this chapter who are determined
860 eligible in accordance with subsection (c) of this section and employed
861 by or under contract with a licensed community pharmacy, to enter
862 into a written protocol-based collaborative drug therapy management
863 agreement with one or more physicians licensed under chapter 370 or
864 advanced practice registered nurses licensed under chapter 378, to
865 manage the drug therapy of individual patients receiving drug therapy
866 for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis,

867 congestive heart failure or smoking cessation, including patients who
868 qualify as targeted beneficiaries under the provisions of Section 1860D-
869 4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with
870 subsections (b) to (d), inclusive, of this section and subject to the
871 approval of the licensed community pharmacy. Each patient's
872 collaborative drug therapy management shall be governed by a
873 written protocol specific to that patient established by the treating
874 physician or advanced practice registered nurse in consultation with
875 the pharmacist.

876 (b) A collaborative drug therapy management agreement may
877 authorize a pharmacist to implement, modify or discontinue a drug
878 therapy that has been prescribed for a patient, order associated
879 laboratory tests and administer drugs, all in accordance with a patient-
880 specific written protocol. Each protocol developed, pursuant to the
881 collaborative drug therapy management agreement, shall contain
882 detailed direction concerning the actions that the pharmacist may
883 perform for that patient. The protocol shall include, but need not be
884 limited to, (1) the specific drug or drugs to be managed by the
885 pharmacist, (2) the terms and conditions under which drug therapy
886 may be implemented, modified or discontinued, (3) the conditions and
887 events upon which the pharmacist is required to notify the physician
888 or advanced practice registered nurse, and (4) the laboratory tests that
889 may be ordered. All activities performed by the pharmacist in
890 conjunction with the protocol shall be documented in the patient's
891 medical record. The pharmacist shall report to the physician or
892 advanced practice registered nurse through oral, written or electronic
893 manner regarding the implementation, administration, modification or
894 discontinuation of a drug therapy that has been prescribed for a
895 patient not later than twenty-four hours after such implementation,
896 administration, modification or discontinuation. The collaborative
897 drug therapy management agreement and protocols shall be available
898 for inspection by the Departments of Public Health and Consumer
899 Protection. A copy of the protocol shall be filed in the patient's medical
900 record.

901 Sec. 30. Section 52-146d of the general statutes is repealed and the
902 following is substituted in lieu thereof (*Effective October 1, 2019*):

903 As used in sections 52-146d to 52-146i, inclusive:

904 (1) "Authorized representative" means (A) a person empowered by
905 a patient to assert the confidentiality of communications or records
906 which are privileged under sections 52-146c to 52-146i, inclusive, or (B)
907 if a patient is deceased, his or her personal representative or next of
908 kin, or (C) if a patient is incompetent to assert or waive his privileges
909 hereunder, (i) a guardian or conservator who has been or is appointed
910 to act for the patient, or (ii) for the purpose of maintaining
911 confidentiality until a guardian or conservator is appointed, the
912 patient's nearest relative;

913 (2) "Communications and records" means all oral and written
914 communications and records thereof relating to diagnosis or treatment
915 of a patient's mental condition between the patient and a [psychiatrist]
916 psychiatric mental health provider, or between a member of the
917 patient's family and a [psychiatrist] psychiatric mental health provider,
918 or between any of such persons and a person participating under the
919 supervision of a [psychiatrist] psychiatric mental health provider in the
920 accomplishment of the objectives of diagnosis and treatment, wherever
921 made, including communications and records which occur in or are
922 prepared at a mental health facility;

923 (3) "Consent" means consent given in writing by the patient or his
924 authorized representative;

925 (4) "Identifiable" and "identify a patient" refer to communications
926 and records which contain (A) names or other descriptive data from
927 which a person acquainted with the patient might reasonably
928 recognize the patient as the person referred to, or (B) codes or numbers
929 which are in general use outside of the mental health facility which
930 prepared the communications and records;

931 (5) "Mental health facility" includes any hospital, clinic, ward,

932 [psychiatrist's] psychiatric mental health provider's office or other
933 facility, public or private, which provides inpatient or outpatient
934 service, in whole or in part, relating to the diagnosis or treatment of a
935 patient's mental condition;

936 (6) "Patient" means a person who communicates with or is treated
937 by a [psychiatrist] psychiatric mental health provider in diagnosis or
938 treatment;

939 (7) ["Psychiatrist"] "Psychiatric mental health provider" means a
940 physician specializing in psychiatry and licensed under the provisions
941 of sections 20-9 to 20-12, inclusive, an advanced practice registered
942 nurse licensed under chapter 378 who is board certified as a
943 psychiatric mental health provider by the American Nurses
944 Credentialing Center, a person licensed to practice medicine who
945 devotes a substantial portion of his or her time to the practice of
946 psychiatry [,] or a person reasonably believed by the patient to be so
947 qualified.

948 Sec. 31. Subdivisions (1) to (5), inclusive, of section 52-146f of the
949 general statutes are repealed and the following is substituted in lieu
950 thereof (*Effective October 1, 2019*):

951 (1) Communications or records may be disclosed to other persons
952 engaged in the diagnosis or treatment of the patient or may be
953 transmitted to another mental health facility to which the patient is
954 admitted for diagnosis or treatment if the [psychiatrist] psychiatric
955 mental health provider in possession of the communications or records
956 determines that the disclosure or transmission is needed to accomplish
957 the objectives of diagnosis or treatment. The patient shall be informed
958 that the communications or records will be so disclosed or transmitted.
959 For purposes of this subsection, persons in professional training are to
960 be considered as engaged in the diagnosis or treatment of the patients.

961 (2) Communications or records may be disclosed when the
962 [psychiatrist] psychiatric mental health provider determines that there
963 is substantial risk of imminent physical injury by the patient to himself

964 or others or when a [psychiatrist] psychiatric mental health provider,
965 in the course of diagnosis or treatment of the patient, finds it necessary
966 to disclose the communications or records for the purpose of placing
967 the patient in a mental health facility, by certification, commitment or
968 otherwise, provided the provisions of sections 52-146d to 52-146j,
969 inclusive, as amended by this act, shall continue in effect after the
970 patient is in the facility.

971 (3) Except as provided in section 17b-225, the name, address and
972 fees for psychiatric services to a patient may be disclosed to
973 individuals or agencies involved in the collection of fees for such
974 services. In cases where a dispute arises over the fees or claims or
975 where additional information is needed to substantiate the fee or
976 claim, the disclosure of further information shall be limited to the
977 following: (A) That the person was in fact a patient; (B) the diagnosis;
978 (C) the dates and duration of treatment; and (D) a general description
979 of the treatment, which shall include evidence that a treatment plan
980 exists and has been carried out and evidence to substantiate the
981 necessity for admission and length of stay in a health care institution
982 or facility. If further information is required, the party seeking the
983 information shall proceed in the same manner provided for hospital
984 patients in section 4-105, as amended by this act.

985 (4) Communications made to or records made by a [psychiatrist]
986 psychiatric mental health provider in the course of a psychiatric
987 examination ordered by a court or made in connection with the
988 application for the appointment of a conservator by the Probate Court
989 for good cause shown may be disclosed at judicial or administrative
990 proceedings in which the patient is a party, or in which the question of
991 his incompetence because of mental illness is an issue, or in
992 appropriate pretrial proceedings, provided the court finds that the
993 patient has been informed before making the communications that any
994 communications will not be confidential and provided the
995 communications shall be admissible only on issues involving the
996 patient's mental condition.

997 (5) Communications or records may be disclosed in a civil
 998 proceeding in which the patient introduces his mental condition as an
 999 element of his claim or defense, or, after the patient's death, when his
 1000 condition is introduced by a party claiming or defending through or as
 1001 a beneficiary of the patient and the court or judge finds that it is more
 1002 important to the interests of justice that the communications be
 1003 disclosed than that the relationship between patient and [psychiatrist]
 1004 psychiatric mental health provider be protected.

1005 Sec. 32. Section 52-584 of the general statutes is repealed and the
 1006 following is substituted in lieu thereof (*Effective October 1, 2019*):

1007 No action to recover damages for injury to the person, or to real or
 1008 personal property, caused by negligence, or by reckless or wanton
 1009 misconduct, or by malpractice of a physician, surgeon, dentist,
 1010 podiatrist, chiropractor, advanced practice registered nurse, hospital or
 1011 sanatorium, shall be brought but within two years from the date when
 1012 the injury is first sustained or discovered or in the exercise of
 1013 reasonable care should have been discovered, and except that no such
 1014 action may be brought more than three years from the date of the act
 1015 or omission complained of, except that a counterclaim may be
 1016 interposed in any such action any time before the pleadings in such
 1017 action are finally closed.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	17a-78(a)
Sec. 2	<i>October 1, 2019</i>	17a-78(f)
Sec. 3	<i>October 1, 2019</i>	17a-81(a)
Sec. 4	<i>October 1, 2019</i>	31-275(16)(B)
Sec. 5	<i>October 1, 2019</i>	31-294d(b) and (c)
Sec. 6	<i>October 1, 2019</i>	31-294d(f)
Sec. 7	<i>October 1, 2019</i>	31-294i
Sec. 8	<i>October 1, 2019</i>	31-296(c)
Sec. 9	<i>October 1, 2019</i>	38a-472a
Sec. 10	<i>October 1, 2019</i>	38a-488a(d) to (h)
Sec. 11	<i>October 1, 2019</i>	38a-492e(b)

Sec. 12	<i>October 1, 2019</i>	38a-499
Sec. 13	<i>October 1, 2019</i>	38a-503(d)
Sec. 14	<i>October 1, 2019</i>	38a-514b(a)(5)
Sec. 15	<i>October 1, 2019</i>	38a-514b(c)
Sec. 16	<i>October 1, 2019</i>	38a-514b(e)
Sec. 17	<i>October 1, 2019</i>	38a-518e(b)
Sec. 18	<i>October 1, 2019</i>	38a-530(d)
Sec. 19	<i>October 1, 2019</i>	4-105
Sec. 20	<i>October 1, 2019</i>	7-51a(c)
Sec. 21	<i>October 1, 2019</i>	17b-233
Sec. 22	<i>October 1, 2019</i>	17b-236
Sec. 23	<i>October 1, 2019</i>	17b-278d
Sec. 24	<i>October 1, 2019</i>	19a-2a
Sec. 25	<i>October 1, 2019</i>	19a-26(a)
Sec. 26	<i>October 1, 2019</i>	19a-490b(a)
Sec. 27	<i>October 1, 2019</i>	19a-551
Sec. 28	<i>October 1, 2019</i>	20-631(a) and (b)
Sec. 29	<i>October 1, 2019</i>	20-631a(a) and (b)
Sec. 30	<i>October 1, 2019</i>	52-146d
Sec. 31	<i>October 1, 2019</i>	52-146f(1) to (5)
Sec. 32	<i>October 1, 2019</i>	52-584

Statement of Purpose:

To update the general statutes to reflect the current scope of practice of advanced practice registered nurses.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]