



General Assembly

Substitute Bill No. 921

January Session, 2019



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-81 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2019*):

4 (a) Parental consent shall be necessary for treatment. In the event
5 such consent is withheld or immediately unavailable and the physician
6 or advanced practice registered nurse certified as a psychiatric mental
7 health provider by the American Nurses Credentialing Center
8 concludes that treatment is necessary to prevent serious harm to the
9 child, such emergency treatment may be administered pending receipt
10 of parental consent.

11 Sec. 2. Subparagraph (B) of subdivision (16) of section 31-275 of the
12 general statutes is repealed and the following is substituted in lieu
13 thereof (*Effective October 1, 2019*):

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

15 (i) An injury to an employee that results from the employee's
16 voluntary participation in any activity the major purpose of which is
17 social or recreational, including, but not limited to, athletic events,

18 parties and picnics, whether or not the employer pays some or all of
19 the cost of such activity;

20 (ii) A mental or emotional impairment, unless such impairment (I)
21 arises from a physical injury or occupational disease, (II) in the case of
22 a police officer, arises from such police officer's use of deadly force or
23 subjection to deadly force in the line of duty, regardless of whether
24 such police officer is physically injured, provided such police officer is
25 the subject of an attempt by another person to cause such police officer
26 serious physical injury or death through the use of deadly force, and
27 such police officer reasonably believes such police officer to be the
28 subject of such an attempt, or (III) in the case of a firefighter, is
29 diagnosed as post-traumatic stress disorder by a licensed and board
30 certified mental health professional or a licensed advanced practice
31 registered nurse who is certified as a psychiatric mental health
32 provider by the American Nurses Credentialing Center, determined by
33 such professional or advanced practice registered nurse to be
34 originating from the firefighter witnessing the death of another
35 firefighter while engaged in the line of duty and not subject to any
36 other exclusion in this section. As used in this clause, "police officer"
37 means a member of the Division of State Police within the Department
38 of Emergency Services and Public Protection, an organized local police
39 department or a municipal constabulary, "firefighter" means a
40 uniformed member of a municipal paid or volunteer fire department,
41 and "in the line of duty" means any action that a police officer or
42 firefighter is obligated or authorized by law, rule, regulation or written
43 condition of employment service to perform, or for which the police
44 officer or firefighter is compensated by the public entity such officer
45 serves;

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

49 (iv) Notwithstanding the provisions of subparagraph (B)(i) of this
50 subdivision, "personal injury" or "injury" includes injuries to

51 employees of local or regional boards of education resulting from
52 participation in a school-sponsored activity but does not include any
53 injury incurred while going to or from such activity. As used in this
54 clause, "school-sponsored activity" means any activity sponsored,
55 recognized or authorized by a board of education and includes
56 activities conducted on or off school property and "participation"
57 means acting as a chaperone, advisor, supervisor or instructor at the
58 request of an administrator with supervisory authority over the
59 employee.

60 Sec. 3. Subsections (a) to (c), inclusive, of section 31-294d of the
61 general statutes are repealed and the following is substituted in lieu
62 thereof (*Effective October 1, 2019*):

63 (a) (1) The employer, as soon as the employer has knowledge of an
64 injury, shall provide a competent physician, [or] surgeon or advanced
65 practice registered nurse to attend the injured employee and, in
66 addition, shall furnish any medical and surgical aid or hospital and
67 nursing service, including medical rehabilitation services and
68 prescription drugs, as the physician, [or] or advanced practice
69 registered nurse surgeon deems reasonable or necessary. The
70 employer, any insurer acting on behalf of the employer, or any other
71 entity acting on behalf of the employer or insurer shall be responsible
72 for paying the cost of such prescription drugs directly to the provider.
73 If the employer utilizes an approved providers list, when an employee
74 reports a work-related injury or condition to the employer the
75 employer shall provide the employee with such approved providers
76 list within two business days of such reporting.

77 (2) If the injured employee is a local or state police officer, state
78 marshal, judicial marshal, correction officer, emergency medical
79 technician, paramedic, ambulance driver, firefighter, or active member
80 of a volunteer fire company or fire department engaged in volunteer
81 duties, who has been exposed in the line of duty to blood or bodily
82 fluids that may carry blood-borne disease, the medical and surgical aid
83 or hospital and nursing service provided by the employer shall include

84 any relevant diagnostic and prophylactic procedure for and treatment
85 of any blood-borne disease.

86 (b) The employee shall select the physician, [or] surgeon or
87 advanced practice registered nurse from an approved list of
88 physicians, [and] surgeons and advanced practice registered nurses
89 prepared by the chairman of the Workers' Compensation Commission.
90 If the employee is unable to make the selection, the employer shall do
91 so, subject to ratification by the employee or his next of kin. If the
92 employer has a full-time staff physician or advanced practice
93 registered nurse or if a physician or advanced practice registered nurse
94 is available on call, the initial treatment required immediately
95 following the injury may be rendered by that physician or advanced
96 practice registered nurse, but the employee may thereafter select his
97 own physician or advanced practice registered nurse as provided by
98 this chapter for any further treatment without prior approval of the
99 commissioner.

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

105 Sec. 4. Subsection (f) of section 31-294d of the general statutes is
106 repealed and the following is substituted in lieu thereof (*Effective*
107 *October 1, 2019*):

108 (f) If the employer fails to promptly provide a physician, [or]
109 surgeon or advanced practice registered nurse or any medical and
110 surgical aid or hospital and nursing service as required by this section,
111 the injured employee may obtain a physician, [or] surgeon or
112 advanced practice registered nurse, selected from the approved list
113 prepared by the chairman, or such medical and surgical aid or hospital
114 and nursing service at the expense of the employer.

115 Sec. 5. Section 31-294i of the general statutes is repealed and the
116 following is substituted in lieu thereof (*Effective October 1, 2019*):

117 For the purpose of adjudication of claims for payment of benefits
118 under the provisions of this chapter to a uniformed member of a paid
119 municipal fire department or a regular member of a paid municipal
120 police department or constable who began such employment on or
121 after July 1, 1996, any condition or impairment of health caused by a
122 cardiac emergency occurring to such member on or after July 1, 2009,
123 while such member is in training for or engaged in fire duty at the site
124 of an accident or fire, or other public safety operation within the scope
125 of such member's employment for such member's municipal employer
126 that results in death or temporary or permanent total or partial
127 disability, shall be presumed to have been suffered in the line of duty
128 and within the scope of such member's employment, unless the
129 contrary is shown by a preponderance of the evidence, provided such
130 member successfully passed a physical examination on entry into
131 service conducted by a licensed physician or advanced practice
132 registered nurse designated by such department which examination
133 failed to reveal any evidence of such condition. For the purposes of
134 this section, "cardiac emergency" means cardiac arrest or myocardial
135 infarction, and "constable" means any municipal law enforcement
136 officer who is authorized to make arrests and has completed Police
137 Officer Standards and Training Council certification pursuant to
138 section 7-294a.

139 Sec. 6. Subsection (c) of section 31-296 of the general statutes is
140 repealed and the following is substituted in lieu thereof (*Effective*
141 *October 1, 2019*):

142 (c) The employer's or insurer's notice of intention to discontinue or
143 reduce payments shall (1) identify the claimant, the claimant's attorney
144 or other representative, the employer, the insurer, and the injury,
145 including the date of the injury, the city or town in which the injury
146 occurred and the nature of the injury, (2) include medical
147 documentation that (A) establishes the basis for the discontinuance or

148 reduction of payments, and (B) identifies the claimant's attending
149 physician or advanced practice registered nurse, and (3) be in
150 substantially the following form:

151 **IMPORTANT**

152 **STATE OF CONNECTICUT WORKERS' COMPENSATION**
153 **COMMISSION**

154 YOU ARE HEREBY NOTIFIED THAT THE EMPLOYER OR INSURER
155 INTENDS TO REDUCE OR DISCONTINUE YOUR COMPENSATION
156 PAYMENTS ON (date) FOR THE FOLLOWING REASONS:

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

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

163 Be prepared to provide medical and other documentation to
164 support your objection. For your protection, note the date when you
165 received this notice.

166 Sec. 7. Section 38a-472a of the general statutes is repealed and the
167 following is substituted in lieu thereof (*Effective October 1, 2019*):

168 No contract between a managed care company, other organization
169 or insurer authorized to do business in this state and a medical
170 provider practicing in this state for the provision of services may
171 require that the medical provider indemnify the managed care
172 company, other organization or insurer for any expenses and liabilities
173 including, without limitation, judgments, settlements, attorneys' fees,
174 court costs and any associated charges incurred in connection with any
175 claim or action brought against a managed care company, other
176 organization or insurer on the basis of its determination of medical

177 necessity or appropriateness of health care services if the information
178 provided by such medical provider used in making the determination
179 was accurate and appropriate at the time it was given. As used in this
180 section and section 38a-472b, "medical provider" means any person
181 licensed pursuant to chapters 370 to 373, inclusive, or chapter 375, 378,
182 379, 380 or 383.

183 Sec. 8. Subsections (d) to (h), inclusive, of section 38a-488a of the
184 general statutes are repealed and the following is substituted in lieu
185 thereof (*Effective October 1, 2019*):

186 (d) In the case of benefits payable for the services of a licensed
187 physician, such benefits shall be payable for the same services when
188 such services are lawfully rendered by a psychologist licensed under
189 the provisions of chapter 383 or by such a licensed psychologist in a
190 licensed hospital or clinic or an advanced practice registered nurse
191 licensed under the provisions of chapter 378.

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

195 (1) A clinical social worker who is licensed under the provisions of
196 chapter 383b and who has passed the clinical examination of the
197 American Association of State Social Work Boards and has completed
198 at least two thousand hours of post-master's social work experience in
199 a nonprofit agency qualifying as a tax-exempt organization under
200 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
201 corresponding internal revenue code of the United States, as from time
202 to time amended, in a municipal, state or federal agency or in an
203 institution licensed by the Department of Public Health under section
204 19a-490;

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

207 (3) A licensed marital and family therapist who has completed at

208 least two thousand hours of post-master's marriage and family therapy
209 work experience in a nonprofit agency qualifying as a tax-exempt
210 organization under Section 501(c) of the Internal Revenue Code of 1986
211 or any subsequent corresponding internal revenue code of the United
212 States, as from time to time amended, in a municipal, state or federal
213 agency or in an institution licensed by the Department of Public Health
214 under section 19a-490;

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

217 (5) A licensed alcohol and drug counselor, as defined in section 20-
218 74s, or a certified alcohol and drug counselor, as defined in section 20-
219 74s;

220 (6) A licensed professional counselor; or

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

223 (f) (1) In the case of benefits payable for the services of a licensed
224 physician, such benefits shall be payable for (A) services rendered in a
225 child guidance clinic or residential treatment facility by a person with a
226 master's degree in social work or by a person with a master's degree in
227 marriage and family therapy under the supervision of a psychiatrist,
228 physician, licensed marital and family therapist, or licensed clinical
229 social worker who is eligible for reimbursement under subdivisions (1)
230 to (4), inclusive, of subsection (e) of this section; (B) services rendered
231 in a residential treatment facility by a licensed or certified alcohol and
232 drug counselor who is eligible for reimbursement under subdivision
233 (5) of subsection (e) of this section; [or] (C) services rendered in a
234 residential treatment facility by a licensed professional counselor who
235 is eligible for reimbursement under subdivision (6) of subsection (e) of
236 this section; or (D) services rendered in a residential treatment facility
237 by a licensed advanced practice registered nurse who is eligible for
238 reimbursement under subdivision (7) of subsection (e) of this section.

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

256 (g) In the case of benefits payable for the service of a licensed
257 physician practicing as a psychiatrist or a licensed psychologist, under
258 subsection (e) of this section, such benefits shall be payable for
259 outpatient services rendered (1) in a nonprofit community mental
260 health center, as defined by the Department of Mental Health and
261 Addiction Services, in a nonprofit licensed adult psychiatric clinic
262 operated by an accredited hospital or in a residential treatment facility;
263 (2) under the supervision of a licensed physician practicing as a
264 psychiatrist, a licensed psychologist, a licensed marital and family
265 therapist, a licensed clinical social worker, a licensed or certified
266 alcohol and drug counselor, [or] a licensed professional counselor or a
267 licensed advanced practice registered nurse who is eligible for
268 reimbursement under subdivisions (1) to [(6)] (7), inclusive, of
269 subsection (e) of this section; and (3) within the scope of the license
270 issued to the center or clinic by the Department of Public Health or to
271 the residential treatment facility by the Department of Children and
272 Families.

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

279 Sec. 9. Subsection (b) of section 38a-492e of the general statutes is
280 repealed and the following is substituted in lieu thereof (*Effective*
281 *October 1, 2019*):

282 (b) Benefits shall cover: (1) Initial training visits provided to an
283 individual after the individual is initially diagnosed with diabetes that
284 is medically necessary for the care and management of diabetes,
285 including, but not limited to, counseling in nutrition and the proper
286 use of equipment and supplies for the treatment of diabetes, totaling a
287 maximum of ten hours; (2) training and education that is medically
288 necessary as a result of a subsequent diagnosis by a physician or an
289 advanced practice registered nurse of a significant change in the
290 individual's symptoms or condition which requires modification of the
291 individual's program of self-management of diabetes, totaling a
292 maximum of four hours; and (3) training and education that is
293 medically necessary because of the development of new techniques
294 and treatment for diabetes totaling a maximum of four hours.

295 Sec. 10. Section 38a-499 of the general statutes is repealed and the
296 following is substituted in lieu thereof (*Effective October 1, 2019*):

297 (a) For the purposes of this section:

298 (1) ["Certified nurse practitioner"] "Advanced practice registered
299 nurse" means any advanced practice registered nurse licensed under
300 the provisions of chapter 378; [who has completed a formal
301 educational nurse practitioner program and is certified by the
302 American Nurses' Association, the National Board of Pediatric Nurse
303 Practitioners and Associates or the Nurses' Association of the

304 American College of Obstetricians and Gynecologists;]

305 (2) ["Certified psychiatric-mental health clinical nurse specialist"]
306 "Certified psychiatric-mental health advanced practice registered
307 nurse" means any advanced practice registered nurse licensed under
308 chapter 378 who [has completed a formal educational program as a
309 psychiatric-mental health clinical nurse specialist and is certified by the
310 American Nurses' Association] is board certified as a psychiatric-
311 mental health provider by the American Nurses Credentialing Center;

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

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

316 (b) Each individual health insurance policy providing coverage of
317 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of
318 section 38a-469 delivered, issued for delivery, renewed, amended or
319 continued in this state shall provide coverage for the services of
320 physician assistants, [certified nurse practitioners] advanced practice
321 registered nurses, certified psychiatric-mental health [clinical nurse
322 specialists] advanced practice registered nurses and certified nurse-
323 midwives if such services are within the individual's area of
324 professional competence as established by education and licensure or
325 certification and are currently reimbursed when rendered by any other
326 licensed health care provider. Subject to the provisions of chapter 378
327 and sections 20-86a to 20-86e, inclusive, no insurer, hospital service
328 corporation, medical service corporation or health care center may
329 require signature, referral or employment by any other health care
330 provider as a condition of reimbursement, provided no insurer,
331 hospital service corporation, medical service corporation or health care
332 center may be required to pay for duplicative services actually
333 rendered by both a physician assistant or [a certified registered nurse]
334 an advanced practice registered nurse and any other health care
335 provider. The payment of such benefits shall be subject to any policy

336 provisions which apply to other licensed health practitioners
337 providing the same services. Nothing in this section may be construed
338 as permitting (1) any registered nurse to perform or provide services
339 beyond the scope of practice permitted in chapter 378 and sections 20-
340 86a to 20-86e, inclusive, or (2) any physician assistant to perform or
341 provide services beyond the scope of practice permitted in chapter 370.

342 Sec. 11. Subsection (d) of section 38a-503 of the general statutes is
343 repealed and the following is substituted in lieu thereof (*Effective*
344 *October 1, 2019*):

345 (d) Each mammography report provided to a patient shall include
346 information about breast density, based on the Breast Imaging
347 Reporting and Data System established by the American College of
348 Radiology. Where applicable, such report shall include the following
349 notice: "If your mammogram demonstrates that you have dense breast
350 tissue, which could hide small abnormalities, you might benefit from
351 supplementary screening tests, which can include a breast ultrasound
352 screening or a breast MRI examination, or both, depending on your
353 individual risk factors. A report of your mammography results, which
354 contains information about your breast density, has been sent to your
355 physician's or advanced practice registered nurse's office and you
356 should contact your physician or advanced practice registered nurse if
357 you have any questions or concerns about this report."

358 Sec. 12. Subsection (b) of section 38a-518e of the general statutes is
359 repealed and the following is substituted in lieu thereof (*Effective*
360 *October 1, 2019*):

361 (b) Benefits shall cover: (1) Initial training visits provided to an
362 individual after the individual is initially diagnosed with diabetes that
363 is medically necessary for the care and management of diabetes,
364 including, but not limited to, counseling in nutrition and the proper
365 use of equipment and supplies for the treatment of diabetes, totaling a
366 maximum of ten hours; (2) training and education that is medically
367 necessary as a result of a subsequent diagnosis by a physician or

368 advanced practice registered nurse of a significant change in the
369 individual's symptoms or condition which requires modification of the
370 individual's program of self-management of diabetes, totaling a
371 maximum of four hours; and (3) training and education that is
372 medically necessary because of the development of new techniques
373 and treatment for diabetes totaling a maximum of four hours.

374 Sec. 13. Subsection (d) of section 38a-530 of the general statutes is
375 repealed and the following is substituted in lieu thereof (*Effective*
376 *October 1, 2019*):

377 (d) Each mammography report provided to a patient shall include
378 information about breast density, based on the Breast Imaging
379 Reporting and Data System established by the American College of
380 Radiology. Where applicable, such report shall include the following
381 notice: "If your mammogram demonstrates that you have dense breast
382 tissue, which could hide small abnormalities, you might benefit from
383 supplementary screening tests, which can include a breast ultrasound
384 screening or a breast MRI examination, or both, depending on your
385 individual risk factors. A report of your mammography results, which
386 contains information about your breast density, has been sent to your
387 physician's or advanced practice registered nurse's office and you
388 should contact your physician or advanced practice registered nurse if
389 you have any questions or concerns about this report."

390 Sec. 14. Section 4-105 of the general statutes is repealed and the
391 following is substituted in lieu thereof (*Effective October 1, 2019*):

392 If any patient who has received treatment in any such hospital, after
393 [his] discharge from such hospital, has made written application to
394 such hospital, hospital society or corporation for permission to
395 examine his or her record as such patient in such hospital and has been
396 refused permission to examine or copy the same, such patient may file
397 a written motion addressed to any judge of the Superior Court,
398 praying for a disclosure of the contents of such hospital record relating
399 to such patient and for a production of the same before such judge.

400 Upon such application being filed, the judge to whom the same has
401 been presented shall cause reasonable notice to be given to such
402 hospital, hospital society or corporation of the time when and place
403 where such petition will be heard, and such judge, after due hearing
404 and notice, may order the officer authorized to act in the capacity of
405 manager of such hospital to produce before [him] the court and deliver
406 into [his] the custody of the court the history, bedside notes, charts,
407 pictures and plates of such patient for the purpose of being examined
408 or copied by such patient [,] or his or her physician, advanced practice
409 registered nurse or authorized attorney. Each officer of any hospital
410 having custody of the history, bedside notes, charts, pictures or plates
411 of any patient therein, who refuses to produce such record before such
412 [judge] court, pursuant to the provisions of this section, shall be fined
413 not more than one hundred dollars or imprisoned not more than six
414 months or both.

415 Sec. 15. Subsection (c) of section 7-51a of the general statutes is
416 repealed and the following is substituted in lieu thereof (*Effective*
417 *October 1, 2019*):

418 (c) For deaths occurring on or after July 1, 1997, the Social Security
419 number of the deceased person shall be recorded in the "administrative
420 purposes" section of the death certificate. Such administrative
421 purposes section, and the Social Security number contained therein,
422 shall be restricted and disclosed only to the following eligible parties:
423 (1) All parties specified on the death certificate, including the
424 informant, licensed funeral director, licensed embalmer, conservator,
425 surviving spouse, physician or advanced practice registered nurse and
426 town clerk, for the purpose of processing the certificate, (2) the
427 surviving spouse, (3) the next of kin, or (4) any state and federal
428 agencies authorized by federal law. The department shall provide any
429 other individual, researcher or state or federal agency requesting a
430 certified or uncertified death certificate, or the information contained
431 within such certificate, for a death occurring on or after July 1, 1997,
432 such certificate or information. The decedent's Social Security number

433 shall be removed or redacted from such certificate or information or
434 the administrative purposes section shall be omitted from such
435 certificate.

436 Sec. 16. Section 17b-233 of the general statutes is repealed and the
437 following is substituted in lieu thereof (*Effective October 1, 2019*):

438 Newington Children's Hospital may admit any child who is
439 handicapped or afflicted with any pediatric illness upon application of
440 the selectmen of any town, or the guardian or any relative of such
441 child, or any public health agency, or physician or advanced practice
442 registered nurse, provided, no person shall be admitted primarily for
443 the treatment of any drug-related condition. Said hospital shall admit
444 such child to said hospital if such child is pronounced by [the
445 physicians] a physician or advanced practice registered nurse on the
446 staff of said hospital, after examination, to be suitable for admission,
447 and said hospital shall keep and support such child for such length of
448 time as it deems proper. Said hospital shall not be required to admit
449 any such child unless it can conveniently receive and care for such
450 child at the time application is made and said hospital may return to
451 the town in which such child resides any child so taken who is
452 pronounced by [the physicians] a physician or advanced practice
453 registered nurse on the staff of said hospital, after examination, to be
454 unsuitable for retention or who, by reason of improvement in his
455 condition or completion of his treatment or training, ought not to be
456 further retained. The hospital may refuse to admit any child
457 pronounced by [the physicians] a physician or advanced practice
458 registered nurse on the staff of said hospital, after examination, to be
459 unsuitable for admission and may refuse to admit any such child when
460 the facilities at the hospital will not, in the judgment of said
461 [physicians] physician or advanced practice registered nurse, permit
462 the hospital to care for such child adequately and properly.

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

465 When there is found in any town in this state any child of sound
466 mind who is physically disabled or who is afflicted with poliomyelitis
467 or rheumatic fever, or any uncontagious disabling disease, and who is
468 unable to pay and whose relatives who are legally liable for his
469 support are unable to pay the full cost of treating such disease, if such
470 child and one of such relatives reside in this state, the selectmen of
471 such town, or the guardian or any relative of such child, or any public
472 health agency, [or] physician or advanced practice registered nurse in
473 this state, may make application to The Children's Center, located at
474 Hamden, for the admission of such child to said center. Said center
475 shall admit such child if such child is pronounced by [the physicians] a
476 physician or advanced practice registered nurse on the staff of said
477 center, after examination, to be fit for admission, and said center shall
478 keep and support such child for such length of time as it deems
479 proper. Said center shall not be required to admit any such child unless
480 it can conveniently receive and care for him at the time such
481 application is made, and said center may return to the town in which
482 such child resides any child so taken who is pronounced by [the
483 physicians] a physician or advanced practice registered nurse on the
484 staff of said center, after examination, to be unfit for retention, or who,
485 by reason of improvement in his condition or completion of his
486 treatment or training, ought not to be further retained. The center may
487 refuse to admit any child who is pronounced by [the physicians] a
488 physician or advanced practice registered nurse on the staff of said
489 center, after examination, to be unfit for admission, and may refuse to
490 admit any such child when the facilities at the center will not, in the
491 judgment of said [physicians] physician or advanced practice
492 registered nurse, permit the center to care for such child adequately
493 and properly.

494 Sec. 18. Section 17b-278d of the general statutes is repealed and the
495 following is substituted in lieu thereof (*Effective October 1, 2019*):

496 The Commissioner of Social Services, to the extent permitted by
497 federal law, shall take such action as may be necessary to amend the

498 Medicaid state plan and the state children's health insurance plan to
499 provide coverage without prior authorization for each child diagnosed
500 with cancer on or after January 1, 2000, who is covered under the
501 HUSKY Health program, for neuropsychological testing ordered by a
502 licensed physician or licensed advanced practice registered nurse, to
503 assess the extent of any cognitive or developmental delays in such
504 child due to chemotherapy or radiation treatment.

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

507 The Commissioner of Public Health shall employ the most efficient
508 and practical means for the prevention and suppression of disease and
509 shall administer all laws under the jurisdiction of the Department of
510 Public Health and the Public Health Code. The commissioner shall
511 have responsibility for the overall operation and administration of the
512 Department of Public Health. The commissioner shall have the power
513 and duty to: (1) Administer, coordinate and direct the operation of the
514 department; (2) adopt and enforce regulations, in accordance with
515 chapter 54, as are necessary to carry out the purposes of the
516 department as established by statute; (3) establish rules for the internal
517 operation and administration of the department; (4) establish and
518 develop programs and administer services to achieve the purposes of
519 the department as established by statute; (5) enter into a contract,
520 including, but not limited to, a contract with another state, for facilities,
521 services and programs to implement the purposes of the department
522 as established by statute; (6) designate a deputy commissioner or other
523 employee of the department to sign any license, certificate or permit
524 issued by said department; (7) conduct a hearing, issue subpoenas,
525 administer oaths, compel testimony and render a final decision in any
526 case when a hearing is required or authorized under the provisions of
527 any statute dealing with the Department of Public Health; (8) with the
528 health authorities of this and other states, secure information and data
529 concerning the prevention and control of epidemics and conditions
530 affecting or endangering the public health, and compile such

531 information and statistics and shall disseminate among health
532 authorities and the people of the state such information as may be of
533 value to them; (9) annually issue a list of reportable diseases,
534 emergency illnesses and health conditions and a list of reportable
535 laboratory findings and amend such lists as the commissioner deems
536 necessary and distribute such lists as well as any necessary forms to
537 each licensed physician, licensed advanced practice registered nurse
538 and clinical laboratory in this state. The commissioner shall prepare
539 printed forms for reports and returns, with such instructions as may be
540 necessary, for the use of directors of health, boards of health and
541 registrars of vital statistics; and (10) specify uniform methods of
542 keeping statistical information by public and private agencies,
543 organizations and individuals, including a client identifier system, and
544 collect and make available relevant statistical information, including
545 the number of persons treated, frequency of admission and
546 readmission, and frequency and duration of treatment. The client
547 identifier system shall be subject to the confidentiality requirements set
548 forth in section 17a-688 and regulations adopted thereunder. The
549 commissioner may designate any person to perform any of the duties
550 listed in subdivision (7) of this section. The commissioner shall have
551 authority over directors of health and may, for cause, remove any such
552 director; but any person claiming to be aggrieved by such removal
553 may appeal to the Superior Court which may affirm or reverse the
554 action of the commissioner as the public interest requires. The
555 commissioner shall assist and advise local directors of health and
556 district directors of health in the performance of their duties, and may
557 require the enforcement of any law, regulation or ordinance relating to
558 public health. In the event the commissioner reasonably suspects
559 impropriety on the part of a local director of health or district director
560 of health, or employee of such director, in the performance of his or
561 her duties, the commissioner shall provide notification and any
562 evidence of such impropriety to the appropriate governing authority
563 of the municipal health authority, established pursuant to section 19a-
564 200, or the district department of health, established pursuant to
565 section 19a-244, for purposes of reviewing and assessing a director's or

566 an employee's compliance with such duties. Such governing authority
567 shall provide a written report of its findings from the review and
568 assessment to the commissioner not later than ninety days after such
569 review and assessment. When requested by local directors of health or
570 district directors of health, the commissioner shall consult with them
571 and investigate and advise concerning any condition affecting public
572 health within their jurisdiction. The commissioner shall investigate
573 nuisances and conditions affecting, or that he or she has reason to
574 suspect may affect, the security of life and health in any locality and,
575 for that purpose, the commissioner, or any person authorized by the
576 commissioner, may enter and examine any ground, vehicle, apartment,
577 building or place, and any person designated by the commissioner
578 shall have the authority conferred by law upon constables. Whenever
579 the commissioner determines that any provision of the general statutes
580 or regulation of the Public Health Code is not being enforced
581 effectively by a local health department or health district, he or she
582 shall forthwith take such measures, including the performance of any
583 act required of the local health department or health district, to ensure
584 enforcement of such statute or regulation and shall inform the local
585 health department or health district of such measures. In September of
586 each year the commissioner shall certify to the Secretary of the Office
587 of Policy and Management the population of each municipality. The
588 commissioner may solicit and accept for use any gift of money or
589 property made by will or otherwise, and any grant of or contract for
590 money, services or property from the federal government, the state,
591 any political subdivision thereof, any other state or any private source,
592 and do all things necessary to cooperate with the federal government
593 or any of its agencies in making an application for any grant or
594 contract. The commissioner may establish state-wide and regional
595 advisory councils. For purposes of this section, "employee of such
596 director" means an employee of, a consultant employed or retained by
597 or an independent contractor retained by a local director of health, a
598 district director of health, a local health department or a health district.

599 Sec. 20. Subsection (a) of section 19a-26 of the general statutes is

600 repealed and the following is substituted in lieu thereof (*Effective*
601 *October 1, 2019*):

602 (a) The Department of Public Health may establish, maintain and
603 control state laboratories to perform examinations of supposed morbid
604 tissues, other laboratory tests for the diagnosis and control of
605 preventable diseases, and laboratory work in the field of sanitation,
606 environmental and occupational testing and research studies for the
607 protection and preservation of the public health. Such laboratory
608 services shall be performed upon the application of licensed
609 physicians, other laboratories, licensed dentists, licensed podiatrists,
610 licensed advanced practice registered nurses, local directors of health,
611 public utilities or state departments or institutions, subject to
612 regulations prescribed by the Commissioner of Public Health, and
613 upon payment of any applicable fee as provided in this subsection. For
614 such purposes the department may provide necessary buildings and
615 apparatus, employ, subject to the provisions of chapter 67,
616 administrative and scientific personnel and assistants and do all things
617 necessary for the conduct of such laboratories. The Commissioner of
618 Public Health may establish a schedule of fees, provided the
619 commissioner waives the fees for local directors of health and local law
620 enforcement agencies. If the commissioner establishes a schedule of
621 fees, the commissioner may waive (1) the fees, in full or in part, for
622 others if the commissioner determines that the public health requires a
623 waiver, and (2) fees for chlamydia and gonorrhea testing for nonprofit
624 organizations and institutions of higher education if the organization
625 or institution provides combination chlamydia and gonorrhea test kits.
626 The commissioner shall also establish a fair handling fee which a client
627 of a state laboratory may charge a person or third party payer for
628 arranging for the services of the laboratory. Such client shall not charge
629 an amount in excess of such handling fee.

630 Sec. 21. Subsection (a) of section 19a-490b of the general statutes is
631 repealed and the following is substituted in lieu thereof (*Effective*
632 *October 1, 2019*):

633 (a) Upon the written request of a patient or the patient's attorney or
634 authorized representative, or pursuant to a written authorization, an
635 institution licensed pursuant to this chapter shall furnish to the person
636 making such request a copy of the patient's health record, including
637 but not limited to, copies of bills, laboratory reports, prescriptions and
638 other technical information used in assessing the patient's health
639 condition. In addition, an institution shall provide the patient or the
640 patient's designated health care provider with a reasonable
641 opportunity to examine retained tissue slides and retained pathology
642 tissue blocks. Upon the written request of the patient, the patient's
643 attorney or the patient's designated health care provider, an institution
644 shall send the original retained tissue slide or original retained tissue
645 block directly to the patient's designated licensed institution,
646 laboratory or physician. If the original slide or block is not available or
647 if a new section cut of the original slide or block is a fair representation
648 of the original slide or block, then the institution may send the new
649 section cut, which is clearly labeled as a new section cut, to the
650 patient's designated health care provider. Any patient or the patient's
651 attorney or authorized representative who is provided with an original
652 retained slide, tissue block or a new section under the provisions of
653 this subsection shall be solely responsible for safeguarding and
654 returning the slide, block or new section to the institution. Any
655 institution or laboratory that has released an original slide, an original
656 tissue block or new section pursuant to the provisions of this
657 subsection shall not be subject to any liability arising out of releasing
658 or not retaining the slide, block or new section and no cause of action
659 for damages shall arise against any such institution for releasing or not
660 retaining the slide, block or new section. No such institution shall
661 charge more than sixty-five cents per page, including any research
662 fees, clerical fees, handling fees or related costs, and the cost of first
663 class postage, if applicable, for furnishing or providing access to a
664 health record pursuant to this subsection, except such an institution
665 may charge the amount necessary to cover its cost of materials for
666 furnishing a copy of an x-ray or for furnishing an original retained
667 slide, an original tissue block or a new section cut from a retained

668 pathology tissue block. For purposes of this subsection, "health care
669 provider" means an institution or laboratory licensed under this
670 chapter or licensed in the state where located, [or] a physician licensed
671 under chapter 370 or licensed in the state where located or an
672 advanced practice registered nurse licensed under chapter 378 or
673 licensed in the state where located.

674 Sec. 22. Subsections (a) and (b) of section 20-631 of the general
675 statutes are repealed and the following is substituted in lieu thereof
676 (*Effective October 1, 2019*):

677 (a) Except as provided in section 20-631b, one or more pharmacists
678 licensed under this chapter who are determined competent in
679 accordance with regulations adopted pursuant to subsection (d) of this
680 section may enter into a written protocol-based collaborative drug
681 therapy management agreement with one or more physicians licensed
682 under chapter 370 or advanced practice registered nurses licensed
683 under chapter 378 to manage the drug therapy of individual patients.
684 In order to enter into a written protocol-based collaborative drug
685 therapy management agreement, such physician or advanced practice
686 registered nurse shall have established a [physician-patient] provider-
687 patient relationship with the patient who will receive collaborative
688 drug therapy. Each patient's collaborative drug therapy management
689 shall be governed by a written protocol specific to that patient
690 established by the treating physician or advanced practice registered
691 nurse in consultation with the pharmacist. For purposes of this
692 subsection, a ["physician-patient relationship"] "provider-patient
693 relationship" is a relationship based on (1) the patient making a
694 medical complaint, (2) the patient providing a medical history, (3) the
695 patient receiving a physical examination, and (4) a logical connection
696 existing between the medical complaint, the medical history, the
697 physical examination and any drug prescribed for the patient.

698 (b) A collaborative drug therapy management agreement may
699 authorize a pharmacist to implement, modify or discontinue a drug
700 therapy that has been prescribed for a patient, order associated

701 laboratory tests and administer drugs, all in accordance with a patient-
702 specific written protocol. In instances where drug therapy is
703 discontinued, the pharmacist shall notify the treating physician or
704 advanced practice registered nurse of such discontinuance no later
705 than twenty-four hours from the time of such discontinuance. Each
706 protocol developed, pursuant to the collaborative drug therapy
707 management agreement, shall contain detailed direction concerning
708 the actions that the pharmacist may perform for that patient. The
709 protocol shall include, but need not be limited to, (1) the specific drug
710 or drugs to be managed by the pharmacist, (2) the terms and
711 conditions under which drug therapy may be implemented, modified
712 or discontinued, (3) the conditions and events upon which the
713 pharmacist is required to notify the physician or advanced practice
714 registered nurse, and (4) the laboratory tests that may be ordered. All
715 activities performed by the pharmacist in conjunction with the
716 protocol shall be documented in the patient's medical record. The
717 pharmacist shall report at least every thirty days to the physician or
718 advanced practice registered nurse regarding the patient's drug
719 therapy management. The collaborative drug therapy management
720 agreement and protocols shall be available for inspection by the
721 Departments of Public Health and Consumer Protection. A copy of the
722 protocol shall be filed in the patient's medical record.

723 Sec. 23. Subsections (a) and (b) of section 20-631a of the general
724 statutes are repealed and the following is substituted in lieu thereof
725 (*Effective October 1, 2019*):

726 (a) Not later than January 1, 2006, the Commissioner of Consumer
727 Protection, in consultation with the Commission of Pharmacy, shall
728 establish and operate a two-year pilot program to allow not more than
729 ten pharmacists licensed under this chapter who are determined
730 eligible in accordance with subsection (c) of this section and employed
731 by or under contract with a licensed community pharmacy, to enter
732 into a written protocol-based collaborative drug therapy management
733 agreement with one or more physicians licensed under chapter 370 or

734 advanced practice registered nurses licensed under chapter 378, to
735 manage the drug therapy of individual patients receiving drug therapy
736 for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis,
737 congestive heart failure or smoking cessation, including patients who
738 qualify as targeted beneficiaries under the provisions of Section 1860D-
739 4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with
740 subsections (b) to (d), inclusive, of this section and subject to the
741 approval of the licensed community pharmacy. Each patient's
742 collaborative drug therapy management shall be governed by a
743 written protocol specific to that patient established by the treating
744 physician or advanced practice registered nurse in consultation with
745 the pharmacist.

746 (b) A collaborative drug therapy management agreement may
747 authorize a pharmacist to implement, modify or discontinue a drug
748 therapy that has been prescribed for a patient, order associated
749 laboratory tests and administer drugs, all in accordance with a patient-
750 specific written protocol. Each protocol developed, pursuant to the
751 collaborative drug therapy management agreement, shall contain
752 detailed direction concerning the actions that the pharmacist may
753 perform for that patient. The protocol shall include, but need not be
754 limited to, (1) the specific drug or drugs to be managed by the
755 pharmacist, (2) the terms and conditions under which drug therapy
756 may be implemented, modified or discontinued, (3) the conditions and
757 events upon which the pharmacist is required to notify the physician
758 or advanced practice registered nurse, and (4) the laboratory tests that
759 may be ordered. All activities performed by the pharmacist in
760 conjunction with the protocol shall be documented in the patient's
761 medical record. The pharmacist shall report to the physician or
762 advanced practice registered nurse through oral, written or electronic
763 manner regarding the implementation, administration, modification or
764 discontinuation of a drug therapy that has been prescribed for a
765 patient not later than twenty-four hours after such implementation,
766 administration, modification or discontinuation. The collaborative
767 drug therapy management agreement and protocols shall be available

768 for inspection by the Departments of Public Health and Consumer
769 Protection. A copy of the protocol shall be filed in the patient's medical
770 record.

771 Sec. 24. Section 52-146d of the general statutes is repealed and the
772 following is substituted in lieu thereof (*Effective October 1, 2019*):

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

774 (1) "Authorized representative" means (A) a person empowered by
775 a patient to assert the confidentiality of communications or records
776 which are privileged under sections 52-146c to 52-146i, inclusive, or (B)
777 if a patient is deceased, his or her personal representative or next of
778 kin, or (C) if a patient is incompetent to assert or waive his privileges
779 hereunder, (i) a guardian or conservator who has been or is appointed
780 to act for the patient, or (ii) for the purpose of maintaining
781 confidentiality until a guardian or conservator is appointed, the
782 patient's nearest relative;

783 (2) "Communications and records" means all oral and written
784 communications and records thereof relating to diagnosis or treatment
785 of a patient's mental condition between the patient and a [psychiatrist]
786 psychiatric mental health provider, or between a member of the
787 patient's family and a [psychiatrist] psychiatric mental health provider,
788 or between any of such persons and a person participating under the
789 supervision of a [psychiatrist] psychiatric mental health provider in the
790 accomplishment of the objectives of diagnosis and treatment, wherever
791 made, including communications and records which occur in or are
792 prepared at a mental health facility;

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

795 (4) "Identifiable" and "identify a patient" refer to communications
796 and records which contain (A) names or other descriptive data from
797 which a person acquainted with the patient might reasonably
798 recognize the patient as the person referred to, or (B) codes or numbers

799 which are in general use outside of the mental health facility which
800 prepared the communications and records;

801 (5) "Mental health facility" includes any hospital, clinic, ward,
802 [psychiatrist's] psychiatric mental health provider's office or other
803 facility, public or private, which provides inpatient or outpatient
804 service, in whole or in part, relating to the diagnosis or treatment of a
805 patient's mental condition;

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

809 (7) ["Psychiatrist"] "Psychiatric mental health provider" means a
810 physician specializing in psychiatry and licensed under the provisions
811 of sections 20-9 to 20-12, inclusive, an advanced practice registered
812 nurse licensed under chapter 378 who is board certified as a
813 psychiatric mental health provider by the American Nurses
814 Credentialing Center, a person licensed to practice medicine who
815 devotes a substantial portion of his or her time to the practice of
816 psychiatry [,] or a person reasonably believed by the patient to be so
817 qualified.

818 Sec. 25. Subdivisions (1) to (5), inclusive, of section 52-146f of the
819 general statutes are repealed and the following is substituted in lieu
820 thereof (*Effective October 1, 2019*):

821 (1) Communications or records may be disclosed to other persons
822 engaged in the diagnosis or treatment of the patient or may be
823 transmitted to another mental health facility to which the patient is
824 admitted for diagnosis or treatment if the [psychiatrist] psychiatric
825 mental health provider in possession of the communications or records
826 determines that the disclosure or transmission is needed to accomplish
827 the objectives of diagnosis or treatment. The patient shall be informed
828 that the communications or records will be so disclosed or transmitted.
829 For purposes of this subsection, persons in professional training are to

830 be considered as engaged in the diagnosis or treatment of the patients.

831 (2) Communications or records may be disclosed when the
832 [psychiatrist] psychiatric mental health provider determines that there
833 is substantial risk of imminent physical injury by the patient to himself
834 or others or when a [psychiatrist] psychiatric mental health provider,
835 in the course of diagnosis or treatment of the patient, finds it necessary
836 to disclose the communications or records for the purpose of placing
837 the patient in a mental health facility, by certification, commitment or
838 otherwise, provided the provisions of sections 52-146d to 52-146j,
839 inclusive, as amended by this act, shall continue in effect after the
840 patient is in the facility.

841 (3) Except as provided in section 17b-225, the name, address and
842 fees for psychiatric services to a patient may be disclosed to
843 individuals or agencies involved in the collection of fees for such
844 services. In cases where a dispute arises over the fees or claims or
845 where additional information is needed to substantiate the fee or
846 claim, the disclosure of further information shall be limited to the
847 following: (A) That the person was in fact a patient; (B) the diagnosis;
848 (C) the dates and duration of treatment; and (D) a general description
849 of the treatment, which shall include evidence that a treatment plan
850 exists and has been carried out and evidence to substantiate the
851 necessity for admission and length of stay in a health care institution
852 or facility. If further information is required, the party seeking the
853 information shall proceed in the same manner provided for hospital
854 patients in section 4-105, as amended by this act.

855 (4) Communications made to or records made by a [psychiatrist]
856 psychiatric mental health provider in the course of a psychiatric
857 examination ordered by a court or made in connection with the
858 application for the appointment of a conservator by the Probate Court
859 for good cause shown may be disclosed at judicial or administrative
860 proceedings in which the patient is a party, or in which the question of
861 his incompetence because of mental illness is an issue, or in
862 appropriate pretrial proceedings, provided the court finds that the

863 patient has been informed before making the communications that any
864 communications will not be confidential and provided the
865 communications shall be admissible only on issues involving the
866 patient's mental condition.

867 (5) Communications or records may be disclosed in a civil
868 proceeding in which the patient introduces his mental condition as an
869 element of his claim or defense, or, after the patient's death, when his
870 condition is introduced by a party claiming or defending through or as
871 a beneficiary of the patient and the court or judge finds that it is more
872 important to the interests of justice that the communications be
873 disclosed than that the relationship between patient and [psychiatrist]
874 psychiatric mental health provider be protected.

875 Sec. 26. Section 52-584 of the general statutes is repealed and the
876 following is substituted in lieu thereof (*Effective October 1, 2019*):

877 No action to recover damages for injury to the person, or to real or
878 personal property, caused by negligence, or by reckless or wanton
879 misconduct, or by malpractice of a physician, surgeon, dentist,
880 podiatrist, chiropractor, advanced practice registered nurse, hospital or
881 sanatorium, shall be brought but within two years from the date when
882 the injury is first sustained or discovered or in the exercise of
883 reasonable care should have been discovered, and except that no such
884 action may be brought more than three years from the date of the act
885 or omission complained of, except that a counterclaim may be
886 interposed in any such action any time before the pleadings in such
887 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-81(a)
Sec. 2	<i>October 1, 2019</i>	31-275(16)(B)
Sec. 3	<i>October 1, 2019</i>	31-294d(a) to (c)
Sec. 4	<i>October 1, 2019</i>	31-294d(f)
Sec. 5	<i>October 1, 2019</i>	31-294i

Sec. 6	<i>October 1, 2019</i>	31-296(c)
Sec. 7	<i>October 1, 2019</i>	38a-472a
Sec. 8	<i>October 1, 2019</i>	38a-488a(d) to (h)
Sec. 9	<i>October 1, 2019</i>	38a-492e(b)
Sec. 10	<i>October 1, 2019</i>	38a-499
Sec. 11	<i>October 1, 2019</i>	38a-503(d)
Sec. 12	<i>October 1, 2019</i>	38a-518e(b)
Sec. 13	<i>October 1, 2019</i>	38a-530(d)
Sec. 14	<i>October 1, 2019</i>	4-105
Sec. 15	<i>October 1, 2019</i>	7-51a(c)
Sec. 16	<i>October 1, 2019</i>	17b-233
Sec. 17	<i>October 1, 2019</i>	17b-236
Sec. 18	<i>October 1, 2019</i>	17b-278d
Sec. 19	<i>October 1, 2019</i>	19a-2a
Sec. 20	<i>October 1, 2019</i>	19a-26(a)
Sec. 21	<i>October 1, 2019</i>	19a-490b(a)
Sec. 22	<i>October 1, 2019</i>	20-631(a) and (b)
Sec. 23	<i>October 1, 2019</i>	20-631a(a) and (b)
Sec. 24	<i>October 1, 2019</i>	52-146d
Sec. 25	<i>October 1, 2019</i>	52-146f(1) to (5)
Sec. 26	<i>October 1, 2019</i>	52-584

Statement of Legislative Commissioners:

In Section 3, Subsec. (a) of section 31-294d was added and amended to include "advanced practice registered nurse" for clarity and accuracy.

PH *Joint Favorable Subst.*