AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS’ RECOMMENDATIONS FOR REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

Section 1. Subsection (b) of section 10a-109gg of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(b) The proceeds of the sale of the bond issuance described in subsection (a) of this section shall be used by the Office of Policy and Management, in consultation with the chairperson of the Board of Trustees of the university, for the purpose of the UConn health network initiatives in the following manner: (1) Five million dollars of such proceeds shall be used by Hartford Hospital to develop a simulation and conference center on the Hartford Hospital campus to be run exclusively by Hartford Hospital; (2) five million dollars of such proceeds shall be used to fulfill the initiative for a primary care institute on the Saint Francis Hospital and Medical Center campus; (3) five million dollars of such proceeds shall be used to fulfill the initiatives for a comprehensive cancer center and The University of Connecticut-sponsored health disparities institute; (4) five million dollars of such proceeds shall be used to fulfill the initiatives for the planning, design, land acquisition, development and construction of (A) a cancer treatment center to be constructed by, or in partnership with, The Hospital of Central Connecticut, provided such cancer treatment center is located entirely within the legal boundaries of the city of New Britain, (B) renovations and upgrades to the oncology unit
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at The Hospital of Central Connecticut, and (C) if certificate of need approval is received, a Permanent Regional Phase One Clinical Trials Unit located at The Hospital of Central Connecticut in New Britain; and (5) two million dollars of such proceeds shall be used to fulfill the initiatives for patient room renovations at Bristol Hospital. In the event that the cancer treatment center authorized pursuant to subdivision (4) of this subsection is built in whole or in part outside the legal boundaries of the city of New Britain, The Hospital of Central Connecticut shall repay the entire amount of the proceeds used to fulfill the initiatives for the planning, design, development and construction of such center.

Sec. 2. Subsection (a) of section 17a-217a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) There shall be a Camp Harkness Advisory Committee to advise the Commissioner of Developmental Services with respect to issues concerning the health and safety of persons who attend and utilize the facilities at Camp Harkness. The advisory committee shall be composed of twelve members as follows: (1) Six members appointed by the Governor, one of whom shall be the director of Camp Harkness, who shall serve ex officio, one of whom shall represent the Southeastern Connecticut Association for Developmental Disabilities, one of whom shall represent the Southbury Training School, one of whom shall represent the Arc of New London County, one of whom [who is] shall be a person who uses the camp on a residential basis and one of whom [is] shall be a relative or guardian of a person who uses the camp; and (2) six members appointed by the General Assembly, one of whom shall be a relative or guardian of a person who uses the camp, who shall be appointed by the president pro tempore of the Senate; one of whom shall be a member of the Family Support Council established pursuant to section 17a-219c and represent persons who use the camp on a day basis, who shall be appointed by the speaker of the House of Representatives; one of whom shall represent the board of selectmen of the town of Waterford, who shall be appointed by the
majority leader of the House of Representatives; one of whom shall represent a private nonprofit corporation that is: (A) Tax exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent internal revenue code of the United States, as amended from time to time, and (B) established to promote and support Camp Harkness and its camping programs, who shall be appointed by the majority leader of the Senate; one of whom shall represent the Connecticut Institute for the Blind and the Oak Hill School, who shall be appointed by the minority leader of the House of Representatives; and one of whom shall represent the United Cerebral Palsy Association, who shall be appointed by the minority leader of the Senate.

Sec. 3. Subsection (c) of section 17b-337 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(c) The Long-Term Care Planning Committee shall consist of: (1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, elderly services and long-term care; (2) the Commissioner of Social Services, or the commissioner's designee; (3) one member of the Office of Policy and Management appointed by the Secretary of the Office of Policy and Management; (4) one member from the Department of Public Health appointed by the Commissioner of Public Health; (5) one member from the Department of Housing appointed by the Commissioner of Housing; (6) one member from the Department of Developmental Services appointed by the Commissioner of Developmental Services; (7) one member from the Department of Mental Health and Addiction Services appointed by the Commissioner of Mental Health and Addiction Services; (8) one member from the Department of Transportation appointed by the Commissioner of Transportation; (9) one member from the Department of Children and Families appointed by the Commissioner of Children and Families; [and] (10) one member from the Health Systems Planning Unit of the Office of Health Strategy.
appointed by the executive director of the Office of Health Strategy; and (11) one member from the Department of Rehabilitation Services appointed by the Commissioner of Rehabilitation Services. The committee shall convene no later than ninety days after June 4, 1998. Any vacancy shall be filled by the appointing authority. The chairperson shall be elected from among the members of the committee. The committee shall seek the advice and participation of any person, organization or state or federal agency it deems necessary to carry out the provisions of this section.

Sec. 4. Subsection (d) of section 19a-36i of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(d) Each class 2 food establishment, class 3 food establishment and class 4 food establishment shall employ a certified food protection manager. No person shall serve as a certified food protection manager unless such person has satisfactorily passed a test as part of a food protection manager certification program that is evaluated and approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its standards for accreditation of food protection manager certification programs. A certified food inspector shall verify that the food protection manager is certified upon inspection of the food establishment. The owner or manager of the food service establishment shall designate an alternate person or persons to be in charge at all times when the certified food protection manager cannot be present. The alternate person or persons in charge shall be responsible for ensuring the following: [(A)] (1) All employees are in compliance with the requirements of this section; [(B)] (2) foods are safely prepared in accordance with the requirements of the food code; [(C)] (3) emergencies are managed properly; [(D)] (4) a food inspector is admitted into the food establishment upon request; and [(E)] (5) he or she receives and signs inspection reports.

Sec. 5. Subsection (c) of section 19a-59i of the general statutes is repealed and the following is substituted in lieu thereof (Effective from
passage):

(c) The maternal mortality review committee may include, but need not be limited to, any of the following members, as needed, depending on the maternal death case being reviewed:

(1) A physician licensed pursuant to chapter 370 who specializes in obstetrics and gynecology, appointed by the Connecticut State Medical Society;

(2) A physician licensed pursuant to chapter 370 who is a pediatrician, appointed by the Connecticut State Medical Society;

(3) A community health worker, appointed by the Commission on Equity and Opportunity;

(4) A nurse-midwife licensed pursuant to chapter 377, appointed by the Connecticut Nurses Association;

(5) A clinical social worker licensed pursuant to chapter 383b, appointed by the Connecticut Chapter of the National Association of Social Workers;

(6) A psychiatrist licensed pursuant to chapter 370, appointed by the Connecticut Psychiatric Society;

(7) A psychologist licensed pursuant to chapter 20-136, appointed by the Connecticut Psychological Association;

(8) The Chief Medical Examiner, or the Chief Medical Examiner's designee;

(9) A member of the Connecticut Hospital Association;

(10) A representative of a community or regional program or facility providing services for persons with psychiatric disabilities or persons with substance use disorders, appointed by the Commissioner of Public Health;
(11) A representative of The University of Connecticut-sponsored health disparities institute; or

(12) Any additional member the cochairpersons determine would be beneficial to serve as a member of the committee.

Sec. 6. Subparagraphs (D) and (E) of subdivision (8) of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph. [ ]

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to section 19a-178a, adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients; [ ]
Sec. 7. Section 19a-575 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

Any person eighteen years of age or older may execute a document that contains directions as to any aspect of health care, including the withholding or withdrawal of life support systems. Such document shall be signed and dated by the maker with at least two witnesses and may be in substantially the following form:

DOCUMENT CONCERNING HEALTH CARE AND WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician or advanced practice registered nurse as to my own medical care, I wish this statement to stand as a testament of my wishes.

"I, .... (Name), request that, if my condition is deemed terminal or if it is determined that I will be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will in the opinion of my attending physician or advanced practice registered nurse, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to:

T1  Artificial respiration
T2  Cardiopulmonary resuscitation
T3  Artificial means of providing nutrition and hydration

(Cross out and initial life support systems you want administered)
I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

If I am pregnant:

(Place a check to indicate option (1) or (2) or specify alternative instructions after (3))

(1) I intend to accept life support systems if my doctor believes that doing so would allow my fetus to reach a live birth.

(2) I intend this document to apply without modifications.

(3) I intend this document to apply as follows: ...."

Other specific requests:

"This request is made, after careful reflection, while I am of sound mind."

.... (Signature)

.... (Date)

This document was signed in our presence, by the above-named .... (Name) who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time the document was signed.

.... (Witness)

.... (Address)

.... (Witness)

.... (Address)

Sec. 8. Subsection (a) of section 19a-575a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):
(a) Any person eighteen years of age or older may execute a document that contains health care instructions, the appointment of a health care representative, the designation of a conservator of the person for future incapacity and a document of anatomical gift. Any such document shall be signed and dated by the maker with at least two witnesses and may be in the substantially following form:

THESE ARE MY HEALTH CARE INSTRUCTIONS.

MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,

THE DESIGNATION OF MY CONSERVATOR OF THE PERSON

FOR MY FUTURE INCAPACITY

AND

MY DOCUMENT OF ANATOMICAL GIFT

To any physician or advanced practice registered nurse who is treating me: These are my health care instructions including those concerning the withholding or withdrawal of life support systems, together with the appointment of my health care representative, the designation of my conservator of the person for future incapacity and my document of anatomical gift. As my physician or advanced practice registered nurse, you may rely on these health care instructions and any decision made by my health care representative or conservator of my person, if I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician or advanced practice registered nurse as to my own medical care.

I, ..., the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician or advanced practice registered nurse, result in
death within a relatively short time. By permanently unconscious I
mean that I am in a permanent coma or persistent vegetative state
which is an irreversible condition in which I am at no time aware of
myself or the environment and show no behavioral response to the
environment. The life support systems which I do not want include,
but are not limited to: Artificial respiration, cardiopulmonary
resuscitation and artificial means of providing nutrition and hydration.
I do want sufficient pain medication to maintain my physical comfort.
I do not intend any direct taking of my life, but only that my dying not
be unreasonably prolonged.

If I am pregnant:

(Place a check to indicate option (1) or (2) or specify alternative
instructions after (3))

T14 .... (1) I intend to accept life support systems if my doctor
T15 believes that doing so would allow my fetus to reach a live
birth.
T16 .... (2) I intend this document to apply without modifications.
T17 (3) I intend this document to apply as follows: ....

I appoint .... to be my health care representative. If my attending
physician or advanced practice registered nurse determines that I am
unable to understand and appreciate the nature and consequences of
health care decisions and unable to reach and communicate an
informed decision regarding treatment, my health care representative
is authorized to make any and all health care decisions for me,
including (1) the decision to accept or refuse any treatment, service or
procedure used to diagnose or treat my physical or mental condition,
except as otherwise provided by law such as for psychosurgery or
shock therapy, as defined in section 17a-540, and (2) the decision to
provide, withhold or withdraw life support systems. I direct my health
care representative to make decisions on my behalf in accordance with
my wishes, as stated in this document or as otherwise known to my
health care representative. In the event my wishes are not clear or a
situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If ... is unwilling or unable to serve as my health care representative, I appoint ... to be my alternative health care representative.

If a conservator of my person should need to be appointed, I designate ... to be appointed my conservator. If ... is unwilling or unable to serve as my conservator, [I designate ...] I designate ... to be successor conservator. No bond shall be required of either of them in any jurisdiction.

I hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

I give: (check one)

T18  ... (1) any needed organs or parts
T19  ... (2) only the following organs or parts ....

to be donated for: (check one)

T20  (1) ... any of the purposes stated in subsection (a) of section 19a-289j
T21  (2) ... these limited purposes ....

These requests, appointments, and designations are made after careful reflection, while I am of sound mind. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such party has received actual notice of my revocation of it.

Date ...., 20.
This document was signed in our presence by ..., the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other.

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointments of a health care representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request, and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or
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older, of sound mind, able to understand the nature and consequences
of said document, and under no improper influence, and we make this
affidavit at the author's request this .... day of .... 20....

T34  ....  ....
T35  (Witness)            (Witness)

Subscribed and sworn to before me this .... day of .... 20..

T36  ....
T37  Commissioner of the Superior Court
T38  Notary Public
T39  My commission expires: ....

(Print or type name of all persons signing under all signatures)

Sec. 9. Subdivision (2) of subsection (f) of section 19a-639a of the
general statutes is repealed and the following is substituted in lieu
thereof (Effective from passage):

(2) The unit may hold a public hearing with respect to any certificate
of need application submitted under this chapter. The unit shall
provide not less than two weeks' advance notice to the applicant, in
writing, and to the public by publication in a newspaper having a
substantial circulation in the area served by the health care facility or
provider. In conducting its activities under this chapter, the unit may
hold hearings with respect to applications of a similar
nature at the same time.

Sec. 10. Subdivision (4) of subsection (b) of section 19a-754a of the
general statutes is repealed and the following is substituted in lieu
thereof (Effective from passage):

(4) (A) Coordinating the state's health information technology
initiatives, (B) seeking funding for and overseeing the planning, implementation and development of policies and procedures for the administration of the all-payer claims database program established under section 19a-775a, (C) establishing and maintaining a consumer health information Internet web site under section 19a-755b, and (D) designating an unclassified individual from the office to perform the duties of a health information technology officer as set forth in sections 17b-59f and 17b-59g;

Sec. 11. Subdivisions (1) and (2) of subsection (j) of section 21a-252 of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):

(j) (1) A prescribing practitioner, as defined in section 20-14c, shall not, except in an emergency, prescribe, dispense or administer controlled substances in schedules II to IV, inclusive, to [a member of] his or her immediate family member. For purposes of this section, "immediate family member" means a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-sibling or other relative residing in the same residence as the prescribing practitioner and shall not include an animal in the residence. In an emergency, a prescribing practitioner may prescribe, dispense or administer not more than a seventy-two-hour supply of such controlled substances to an immediate family member only when there is no other qualified prescribing practitioner available.

(2) A prescribing practitioner who prescribes, dispenses or administers any controlled substance to [a member of] his or her immediate family member pursuant to subdivision (1) of this subsection shall perform an assessment for the care and treatment of the patient, medically evaluate the patient's need for such controlled substance and document such assessment and need in the normal course of his or her business. The prescribing practitioner shall document the emergency that gave rise to the prescription, dispensing or administering of such controlled substance to the immediate family
Sec. 12. Section 1 of special act 18-2 is amended to read as follows (Effective from passage):

(a) There is established a task force to study (1) the short-term and long-term needs of adults with intellectual disability, including, but not limited to, such adults with significant behavioral health issues or significant issues related to aging, including Alzheimer's disease, dementia and related disorders, and (2) ways in which the services and support such adults need may be provided.

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

(1) Two appointed by the speaker of the House of Representatives, one of whom has expertise in the diagnosis, care and treatment of persons with intellectual disability and one of whom has expertise in the provision of residential services to persons with intellectual disability;

(2) Two appointed by the president pro tempore of the Senate, one of whom has expertise in the provision of day services for persons with intellectual disability and one of whom has expertise in the provision of program support services to persons with intellectual disability;

(3) One appointed by the majority leader of the House of Representatives, who is the parent, guardian or relative of a person with intellectual disability who has high-level needs;

(4) One appointed by the majority leader of the Senate, who is the parent, guardian or relative of a person with intellectual disability;

(5) One appointed by the minority leader of the House of Representatives, who is the parent, guardian or relative of a person with intellectual disability;

(6) One appointed by the minority leader of the Senate, who is the
parent, guardian or relative of a person with intellectual disability who
has high-level needs;

(7) The chairpersons and ranking members of the joint standing
committee of the General Assembly having cognizance of matters
relating to public health, or their designees;

(8) The Commissioner of Developmental Services, or the
commissioner's designee; and

(9) The Secretary of the Office of Policy and Management, or the
secretary's designee.

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

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

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

(f) The administrative staff of the joint standing committee of the
General Assembly having cognizance of matters relating to public
health shall serve as administrative staff of the task force.

(g) Not later than January 1, [2019] 2020, the task force shall submit
a report on its findings and recommendations to the joint standing
committee of the General Assembly having cognizance of matters
relating to public health, in accordance with the provisions of section
11-4a of the general statutes. The task force shall terminate on the date
that it submits such report or January 1, [2019] 2020, whichever is later.
Sec. 13. Subdivision (3) of subsection (c) of section 20-112a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(3) On or after July 1, 2018, (A) no licensed dentist may delegate dental procedures to a dental assistant or expanded function dental assistant unless the dental assistant or expanded function dental assistant provides records demonstrating successful completion of the Dental Assisting National Board's infection control examination, except as provided in subdivision (2) of this subsection, (B) a dental assistant may receive not more than fifteen months of on-the-job training by a licensed dentist for purposes of preparing the dental assistant for the Dental Assisting National Board's infection control examination, and (C) any licensed dentist who delegates dental procedures to a dental assistant shall retain and make such records available for inspection upon request of the Department of Public Health.

This act shall take effect as follows and shall amend the following sections:

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