

**Proposed Substitute  
Bill No. 921**

LCO No. 5894

**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2 repealed and the following is substituted in lieu thereof (*Effective*  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12 general statutes is repealed and the following is substituted in lieu  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 (b) and (c) of section 31-294d of the general  
61 statutes are repealed and the following is substituted in lieu thereof  
62 (*Effective October 1, 2019*):

63 (b) The employee shall select the physician, [or] surgeon or  
64 advanced practice registered nurse from an approved list of  
65 physicians, [and] surgeons and advanced practice registered nurses  
66 prepared by the chairman of the Workers' Compensation Commission.  
67 If the employee is unable to make the selection, the employer shall do  
68 so, subject to ratification by the employee or his next of kin. If the  
69 employer has a full-time staff physician or advanced practice  
70 registered nurse or if a physician or advanced practice registered nurse  
71 is available on call, the initial treatment required immediately  
72 following the injury may be rendered by that physician or advanced  
73 practice registered nurse, but the employee may thereafter select his  
74 own physician or advanced practice registered nurse as provided by  
75 this chapter for any further treatment without prior approval of the  
76 commissioner.

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

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83 repealed and the following is substituted in lieu thereof (*Effective*  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

85 (f) If the employer fails to promptly provide a physician, [or]  
86 surgeon or advanced practice registered nurse or any medical and

87 surgical aid or hospital and nursing service as required by this section,  
88 the injured employee may obtain a physician, [or] surgeon or  
89 advanced practice registered nurse, selected from the approved list  
90 prepared by the chairman, or such medical and surgical aid or hospital  
91 and nursing service at the expense of the employer.

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

94 For the purpose of adjudication of claims for payment of benefits  
95 under the provisions of this chapter to a uniformed member of a paid  
96 municipal fire department or a regular member of a paid municipal  
97 police department or constable who began such employment on or  
98 after July 1, 1996, any condition or impairment of health caused by a  
99 cardiac emergency occurring to such member on or after July 1, 2009,  
100 while such member is in training for or engaged in fire duty at the site  
101 of an accident or fire, or other public safety operation within the scope  
102 of such member's employment for such member's municipal employer  
103 that results in death or temporary or permanent total or partial  
104 disability, shall be presumed to have been suffered in the line of duty  
105 and within the scope of such member's employment, unless the  
106 contrary is shown by a preponderance of the evidence, provided such  
107 member successfully passed a physical examination on entry into  
108 service conducted by a licensed physician or advanced practice  
109 registered nurse designated by such department which examination  
110 failed to reveal any evidence of such condition. For the purposes of  
111 this section, "cardiac emergency" means cardiac arrest or myocardial  
112 infarction, and "constable" means any municipal law enforcement  
113 officer who is authorized to make arrests and has completed Police  
114 Officer Standards and Training Council certification pursuant to  
115 section 7-294a.

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

119 (c) The employer's or insurer's notice of intention to discontinue or

120 reduce payments shall (1) identify the claimant, the claimant's attorney  
121 or other representative, the employer, the insurer, and the injury,  
122 including the date of the injury, the city or town in which the injury  
123 occurred and the nature of the injury, (2) include medical  
124 documentation that (A) establishes the basis for the discontinuance or  
125 reduction of payments, and (B) identifies the claimant's attending  
126 physician or advanced practice registered nurse, and (3) be in  
127 substantially the following form:

128 **IMPORTANT**

129 **STATE OF CONNECTICUT WORKERS' COMPENSATION**  
130 **COMMISSION**

131 YOU ARE HEREBY NOTIFIED THAT THE EMPLOYER OR INSURER  
132 INTENDS TO REDUCE OR DISCONTINUE YOUR COMPENSATION  
133 PAYMENTS ON .... (date) FOR THE FOLLOWING REASONS:

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

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

140 Be prepared to provide medical and other documentation to  
141 support your objection. For your protection, note the date when you  
142 received this notice.

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

145 No contract between a managed care company, other organization  
146 or insurer authorized to do business in this state and a medical  
147 provider practicing in this state for the provision of services may  
148 require that the medical provider indemnify the managed care  
149 company, other organization or insurer for any expenses and liabilities

150 including, without limitation, judgments, settlements, attorneys' fees,  
151 court costs and any associated charges incurred in connection with any  
152 claim or action brought against a managed care company, other  
153 organization or insurer on the basis of its determination of medical  
154 necessity or appropriateness of health care services if the information  
155 provided by such medical provider used in making the determination  
156 was accurate and appropriate at the time it was given. As used in this  
157 section and section 38a-472b, "medical provider" means any person  
158 licensed pursuant to chapters 370 to 373, inclusive, or chapter 375, 378,  
159 379, 380 or 383.

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

163 (d) In the case of benefits payable for the services of a licensed  
164 physician, such benefits shall be payable for the same services when  
165 such services are lawfully rendered by a psychologist licensed under  
166 the provisions of chapter 383 or by such a licensed psychologist in a  
167 licensed hospital or clinic or an advanced practice registered nurse  
168 licensed under the provisions of chapter 378.

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

172 (1) A clinical social worker who is licensed under the provisions of  
173 chapter 383b and who has passed the clinical examination of the  
174 American Association of State Social Work Boards and has completed  
175 at least two thousand hours of post-master's social work experience in  
176 a nonprofit agency qualifying as a tax-exempt organization under  
177 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent  
178 corresponding internal revenue code of the United States, as from time  
179 to time amended, in a municipal, state or federal agency or in an  
180 institution licensed by the Department of Public Health under section  
181 19a-490;

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

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

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

194 (5) A licensed alcohol and drug counselor, as defined in section 20-  
195 74s, or a certified alcohol and drug counselor, as defined in section 20-  
196 74s;

197 (6) A licensed professional counselor; or

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

200 (f) (1) In the case of benefits payable for the services of a licensed  
201 physician, such benefits shall be payable for (A) services rendered in a  
202 child guidance clinic or residential treatment facility by a person with a  
203 master's degree in social work or by a person with a master's degree in  
204 marriage and family therapy under the supervision of a psychiatrist,  
205 physician, licensed marital and family therapist, or licensed clinical  
206 social worker who is eligible for reimbursement under subdivisions (1)  
207 to (4), inclusive, of subsection (e) of this section; (B) services rendered  
208 in a residential treatment facility by a licensed or certified alcohol and  
209 drug counselor who is eligible for reimbursement under subdivision  
210 (5) of subsection (e) of this section; [or] (C) services rendered in a  
211 residential treatment facility by a licensed professional counselor who  
212 is eligible for reimbursement under subdivision (6) of subsection (e) of

213 this section; or (D) services rendered in a residential treatment facility  
214 by a licensed advanced practice registered nurse who is eligible for  
215 reimbursement under subdivision (7) of subsection (e) of this section.

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

233 (g) In the case of benefits payable for the service of a licensed  
234 physician practicing as a psychiatrist or a licensed psychologist, under  
235 subsection (e) of this section, such benefits shall be payable for  
236 outpatient services rendered (1) in a nonprofit community mental  
237 health center, as defined by the Department of Mental Health and  
238 Addiction Services, in a nonprofit licensed adult psychiatric clinic  
239 operated by an accredited hospital or in a residential treatment facility;  
240 (2) under the supervision of a licensed physician practicing as a  
241 psychiatrist, a licensed psychologist, a licensed marital and family  
242 therapist, a licensed clinical social worker, a licensed or certified  
243 alcohol and drug counselor, [or] a licensed professional counselor or a  
244 licensed advanced practice registered nurse who is eligible for  
245 reimbursement under subdivisions (1) to [(6)] (7), inclusive, of  
246 subsection (e) of this section; and (3) within the scope of the license



247 issued to the center or clinic by the Department of Public Health or to  
248 the residential treatment facility by the Department of Children and  
249 Families.

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

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

259 (b) Benefits shall cover: (1) Initial training visits provided to an  
260 individual after the individual is initially diagnosed with diabetes that  
261 is medically necessary for the care and management of diabetes,  
262 including, but not limited to, counseling in nutrition and the proper  
263 use of equipment and supplies for the treatment of diabetes, totaling a  
264 maximum of ten hours; (2) training and education that is medically  
265 necessary as a result of a subsequent diagnosis by a physician or an  
266 advanced practice registered nurse of a significant change in the  
267 individual's symptoms or condition which requires modification of the  
268 individual's program of self-management of diabetes, totaling a  
269 maximum of four hours; and (3) training and education that is  
270 medically necessary because of the development of new techniques  
271 and treatment for diabetes totaling a maximum of four hours.

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

274 (a) For the purposes of this section:

275 (1) ["Certified nurse practitioner"] "Advanced practice registered  
276 nurse" means any advanced practice registered nurse licensed under  
277 the provisions of chapter 378; [who has completed a formal

278 educational nurse practitioner program and is certified by the  
279 American Nurses' Association, the National Board of Pediatric Nurse  
280 Practitioners and Associates or the Nurses' Association of the  
281 American College of Obstetricians and Gynecologists;]

282 (2) ["Certified psychiatric-mental health clinical nurse specialist"]  
283 "Certified psychiatric-mental health advanced practice registered  
284 nurse" means any advanced practice registered nurse licensed under  
285 chapter 378 who [has completed a formal educational program as a  
286 psychiatric-mental health clinical nurse specialist and is certified by the  
287 American Nurses' Association] is board certified as a psychiatric-  
288 mental health provider by the American Nurses Credentialing Center;

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

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

293 (b) Each individual health insurance policy providing coverage of  
294 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of  
295 section 38a-469 delivered, issued for delivery, renewed, amended or  
296 continued in this state shall provide coverage for the services of  
297 physician assistants, [certified nurse practitioners] advanced practice  
298 registered nurses, certified psychiatric-mental health [clinical nurse  
299 specialists] advanced practice registered nurses and certified nurse-  
300 midwives if such services are within the individual's area of  
301 professional competence as established by education and licensure or  
302 certification and are currently reimbursed when rendered by any other  
303 licensed health care provider. Subject to the provisions of chapter 378  
304 and sections 20-86a to 20-86e, inclusive, no insurer, hospital service  
305 corporation, medical service corporation or health care center may  
306 require signature, referral or employment by any other health care  
307 provider as a condition of reimbursement, provided no insurer,  
308 hospital service corporation, medical service corporation or health care  
309 center may be required to pay for duplicative services actually  
310 rendered by both a physician assistant or [a certified registered nurse]

311 an advanced practice registered nurse and any other health care  
312 provider. The payment of such benefits shall be subject to any policy  
313 provisions which apply to other licensed health practitioners  
314 providing the same services. Nothing in this section may be construed  
315 as permitting (1) any registered nurse to perform or provide services  
316 beyond the scope of practice permitted in chapter 378 and sections 20-  
317 86a to 20-86e, inclusive, or (2) any physician assistant to perform or  
318 provide services beyond the scope of practice permitted in chapter 370.

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

322 (d) Each mammography report provided to a patient shall include  
323 information about breast density, based on the Breast Imaging  
324 Reporting and Data System established by the American College of  
325 Radiology. Where applicable, such report shall include the following  
326 notice: "If your mammogram demonstrates that you have dense breast  
327 tissue, which could hide small abnormalities, you might benefit from  
328 supplementary screening tests, which can include a breast ultrasound  
329 screening or a breast MRI examination, or both, depending on your  
330 individual risk factors. A report of your mammography results, which  
331 contains information about your breast density, has been sent to your  
332 physician's or advanced practice registered nurse's office and you  
333 should contact your physician or advanced practice registered nurse if  
334 you have any questions or concerns about this report."

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

338 (b) Benefits shall cover: (1) Initial training visits provided to an  
339 individual after the individual is initially diagnosed with diabetes that  
340 is medically necessary for the care and management of diabetes,  
341 including, but not limited to, counseling in nutrition and the proper  
342 use of equipment and supplies for the treatment of diabetes, totaling a  
343 maximum of ten hours; (2) training and education that is medically

344 necessary as a result of a subsequent diagnosis by a physician or  
345 advanced practice registered nurse of a significant change in the  
346 individual's symptoms or condition which requires modification of the  
347 individual's program of self-management of diabetes, totaling a  
348 maximum of four hours; and (3) training and education that is  
349 medically necessary because of the development of new techniques  
350 and treatment for diabetes totaling a maximum of four hours.

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

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

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

369 If any patient who has received treatment in any such hospital, after  
370 [his] discharge from such hospital, has made written application to  
371 such hospital, hospital society or corporation for permission to  
372 examine his or her record as such patient in such hospital and has been  
373 refused permission to examine or copy the same, such patient may file  
374 a written motion addressed to any judge of the Superior Court,  
375 praying for a disclosure of the contents of such hospital record relating  
376 to such patient and for a production of the same before such judge.

377 Upon such application being filed, the judge to whom the same has  
378 been presented shall cause reasonable notice to be given to such  
379 hospital, hospital society or corporation of the time when and place  
380 where such petition will be heard, and such judge, after due hearing  
381 and notice, may order the officer authorized to act in the capacity of  
382 manager of such hospital to produce before [him] the court and deliver  
383 into [his] the custody of the court the history, bedside notes, charts,  
384 pictures and plates of such patient for the purpose of being examined  
385 or copied by such patient [,] or his or her physician, advanced practice  
386 registered nurse or authorized attorney. Each officer of any hospital  
387 having custody of the history, bedside notes, charts, pictures or plates  
388 of any patient therein, who refuses to produce such record before such  
389 [judge] court, pursuant to the provisions of this section, shall be fined  
390 not more than one hundred dollars or imprisoned not more than six  
391 months or both.

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

395 (c) For deaths occurring on or after July 1, 1997, the Social Security  
396 number of the deceased person shall be recorded in the "administrative  
397 purposes" section of the death certificate. Such administrative  
398 purposes section, and the Social Security number contained therein,  
399 shall be restricted and disclosed only to the following eligible parties:  
400 (1) All parties specified on the death certificate, including the  
401 informant, licensed funeral director, licensed embalmer, conservator,  
402 surviving spouse, physician or advanced practice registered nurse and  
403 town clerk, for the purpose of processing the certificate, (2) the  
404 surviving spouse, (3) the next of kin, or (4) any state and federal  
405 agencies authorized by federal law. The department shall provide any  
406 other individual, researcher or state or federal agency requesting a  
407 certified or uncertified death certificate, or the information contained  
408 within such certificate, for a death occurring on or after July 1, 1997,  
409 such certificate or information. The decedent's Social Security number  
410 shall be removed or redacted from such certificate or information or

411 the administrative purposes section shall be omitted from such  
412 certificate.

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

415 Newington Children's Hospital may admit any child who is  
416 handicapped or afflicted with any pediatric illness upon application of  
417 the selectmen of any town, or the guardian or any relative of such  
418 child, or any public health agency, [or] physician or advanced practice  
419 registered nurse, provided, no person shall be admitted primarily for  
420 the treatment of any drug-related condition. Said hospital shall admit  
421 such child to said hospital if such child is pronounced by [the  
422 physicians] a physician or advanced practice registered nurse on the  
423 staff of said hospital, after examination, to be suitable for admission,  
424 and said hospital shall keep and support such child for such length of  
425 time as it deems proper. Said hospital shall not be required to admit  
426 any such child unless it can conveniently receive and care for such  
427 child at the time application is made and said hospital may return to  
428 the town in which such child resides any child so taken who is  
429 pronounced by [the physicians] a physician or advanced practice  
430 registered nurse on the staff of said hospital, after examination, to be  
431 unsuitable for retention or who, by reason of improvement in his  
432 condition or completion of his treatment or training, ought not to be  
433 further retained. The hospital may refuse to admit any child  
434 pronounced by [the physicians] a physician or advanced practice  
435 registered nurse on the staff of said hospital, after examination, to be  
436 unsuitable for admission and may refuse to admit any such child when  
437 the facilities at the hospital will not, in the judgment of said  
438 [physicians] physician or advanced practice registered nurse, permit  
439 the hospital to care for such child adequately and properly.

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

442 When there is found in any town in this state any child of sound  
443 mind who is physically disabled or who is afflicted with poliomyelitis

444 or rheumatic fever, or any uncontagious disabling disease, and who is  
445 unable to pay and whose relatives who are legally liable for his  
446 support are unable to pay the full cost of treating such disease, if such  
447 child and one of such relatives reside in this state, the selectmen of  
448 such town, or the guardian or any relative of such child, or any public  
449 health agency, [or] physician or advanced practice registered nurse in  
450 this state, may make application to The Children's Center, located at  
451 Hamden, for the admission of such child to said center. Said center  
452 shall admit such child if such child is pronounced by [the physicians] a  
453 physician or advanced practice registered nurse on the staff of said  
454 center, after examination, to be fit for admission, and said center shall  
455 keep and support such child for such length of time as it deems  
456 proper. Said center shall not be required to admit any such child unless  
457 it can conveniently receive and care for him at the time such  
458 application is made, and said center may return to the town in which  
459 such child resides any child so taken who is pronounced by [the  
460 physicians] a physician or advanced practice registered nurse on the  
461 staff of said center, after examination, to be unfit for retention, or who,  
462 by reason of improvement in his condition or completion of his  
463 treatment or training, ought not to be further retained. The center may  
464 refuse to admit any child who is pronounced by [the physicians] a  
465 physician or advanced practice registered nurse on the staff of said  
466 center, after examination, to be unfit for admission, and may refuse to  
467 admit any such child when the facilities at the center will not, in the  
468 judgment of said [physicians] physician or advanced practice  
469 registered nurse, permit the center to care for such child adequately  
470 and properly.

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

473 The Commissioner of Social Services, to the extent permitted by  
474 federal law, shall take such action as may be necessary to amend the  
475 Medicaid state plan and the state children's health insurance plan to  
476 provide coverage without prior authorization for each child diagnosed  
477 with cancer on or after January 1, 2000, who is covered under the

478 HUSKY Health program, for neuropsychological testing ordered by a  
479 licensed physician or licensed advanced practice registered nurse, to  
480 assess the extent of any cognitive or developmental delays in such  
481 child due to chemotherapy or radiation treatment.

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

484 The Commissioner of Public Health shall employ the most efficient  
485 and practical means for the prevention and suppression of disease and  
486 shall administer all laws under the jurisdiction of the Department of  
487 Public Health and the Public Health Code. The commissioner shall  
488 have responsibility for the overall operation and administration of the  
489 Department of Public Health. The commissioner shall have the power  
490 and duty to: (1) Administer, coordinate and direct the operation of the  
491 department; (2) adopt and enforce regulations, in accordance with  
492 chapter 54, as are necessary to carry out the purposes of the  
493 department as established by statute; (3) establish rules for the internal  
494 operation and administration of the department; (4) establish and  
495 develop programs and administer services to achieve the purposes of  
496 the department as established by statute; (5) enter into a contract,  
497 including, but not limited to, a contract with another state, for facilities,  
498 services and programs to implement the purposes of the department  
499 as established by statute; (6) designate a deputy commissioner or other  
500 employee of the department to sign any license, certificate or permit  
501 issued by said department; (7) conduct a hearing, issue subpoenas,  
502 administer oaths, compel testimony and render a final decision in any  
503 case when a hearing is required or authorized under the provisions of  
504 any statute dealing with the Department of Public Health; (8) with the  
505 health authorities of this and other states, secure information and data  
506 concerning the prevention and control of epidemics and conditions  
507 affecting or endangering the public health, and compile such  
508 information and statistics and shall disseminate among health  
509 authorities and the people of the state such information as may be of  
510 value to them; (9) annually issue a list of reportable diseases,  
511 emergency illnesses and health conditions and a list of reportable



512 laboratory findings and amend such lists as the commissioner deems  
513 necessary and distribute such lists as well as any necessary forms to  
514 each licensed physician, licensed advanced practice registered nurse  
515 and clinical laboratory in this state. The commissioner shall prepare  
516 printed forms for reports and returns, with such instructions as may be  
517 necessary, for the use of directors of health, boards of health and  
518 registrars of vital statistics; and (10) specify uniform methods of  
519 keeping statistical information by public and private agencies,  
520 organizations and individuals, including a client identifier system, and  
521 collect and make available relevant statistical information, including  
522 the number of persons treated, frequency of admission and  
523 readmission, and frequency and duration of treatment. The client  
524 identifier system shall be subject to the confidentiality requirements set  
525 forth in section 17a-688 and regulations adopted thereunder. The  
526 commissioner may designate any person to perform any of the duties  
527 listed in subdivision (7) of this section. The commissioner shall have  
528 authority over directors of health and may, for cause, remove any such  
529 director; but any person claiming to be aggrieved by such removal  
530 may appeal to the Superior Court which may affirm or reverse the  
531 action of the commissioner as the public interest requires. The  
532 commissioner shall assist and advise local directors of health and  
533 district directors of health in the performance of their duties, and may  
534 require the enforcement of any law, regulation or ordinance relating to  
535 public health. In the event the commissioner reasonably suspects  
536 impropriety on the part of a local director of health or district director  
537 of health, or employee of such director, in the performance of his or  
538 her duties, the commissioner shall provide notification and any  
539 evidence of such impropriety to the appropriate governing authority  
540 of the municipal health authority, established pursuant to section 19a-  
541 200, or the district department of health, established pursuant to  
542 section 19a-244, for purposes of reviewing and assessing a director's or  
543 an employee's compliance with such duties. Such governing authority  
544 shall provide a written report of its findings from the review and  
545 assessment to the commissioner not later than ninety days after such  
546 review and assessment. When requested by local directors of health or

547 district directors of health, the commissioner shall consult with them  
548 and investigate and advise concerning any condition affecting public  
549 health within their jurisdiction. The commissioner shall investigate  
550 nuisances and conditions affecting, or that he or she has reason to  
551 suspect may affect, the security of life and health in any locality and,  
552 for that purpose, the commissioner, or any person authorized by the  
553 commissioner, may enter and examine any ground, vehicle, apartment,  
554 building or place, and any person designated by the commissioner  
555 shall have the authority conferred by law upon constables. Whenever  
556 the commissioner determines that any provision of the general statutes  
557 or regulation of the Public Health Code is not being enforced  
558 effectively by a local health department or health district, he or she  
559 shall forthwith take such measures, including the performance of any  
560 act required of the local health department or health district, to ensure  
561 enforcement of such statute or regulation and shall inform the local  
562 health department or health district of such measures. In September of  
563 each year the commissioner shall certify to the Secretary of the Office  
564 of Policy and Management the population of each municipality. The  
565 commissioner may solicit and accept for use any gift of money or  
566 property made by will or otherwise, and any grant of or contract for  
567 money, services or property from the federal government, the state,  
568 any political subdivision thereof, any other state or any private source,  
569 and do all things necessary to cooperate with the federal government  
570 or any of its agencies in making an application for any grant or  
571 contract. The commissioner may establish state-wide and regional  
572 advisory councils. For purposes of this section, "employee of such  
573 director" means an employee of, a consultant employed or retained by  
574 or an independent contractor retained by a local director of health, a  
575 district director of health, a local health department or a health district.

576 Sec. 20. Subsection (a) of section 19a-26 of the general statutes is  
577 repealed and the following is substituted in lieu thereof (*Effective*  
578 *October 1, 2019*):

579 (a) The Department of Public Health may establish, maintain and  
580 control state laboratories to perform examinations of supposed morbid

581 tissues, other laboratory tests for the diagnosis and control of  
582 preventable diseases, and laboratory work in the field of sanitation,  
583 environmental and occupational testing and research studies for the  
584 protection and preservation of the public health. Such laboratory  
585 services shall be performed upon the application of licensed  
586 physicians, other laboratories, licensed dentists, licensed podiatrists,  
587 licensed advanced practice registered nurses, local directors of health,  
588 public utilities or state departments or institutions, subject to  
589 regulations prescribed by the Commissioner of Public Health, and  
590 upon payment of any applicable fee as provided in this subsection. For  
591 such purposes the department may provide necessary buildings and  
592 apparatus, employ, subject to the provisions of chapter 67,  
593 administrative and scientific personnel and assistants and do all things  
594 necessary for the conduct of such laboratories. The Commissioner of  
595 Public Health may establish a schedule of fees, provided the  
596 commissioner waives the fees for local directors of health and local law  
597 enforcement agencies. If the commissioner establishes a schedule of  
598 fees, the commissioner may waive (1) the fees, in full or in part, for  
599 others if the commissioner determines that the public health requires a  
600 waiver, and (2) fees for chlamydia and gonorrhea testing for nonprofit  
601 organizations and institutions of higher education if the organization  
602 or institution provides combination chlamydia and gonorrhea test kits.  
603 The commissioner shall also establish a fair handling fee which a client  
604 of a state laboratory may charge a person or third party payer for  
605 arranging for the services of the laboratory. Such client shall not charge  
606 an amount in excess of such handling fee.

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

610 (a) Upon the written request of a patient or the patient's attorney or  
611 authorized representative, or pursuant to a written authorization, an  
612 institution licensed pursuant to this chapter shall furnish to the person  
613 making such request a copy of the patient's health record, including  
614 but not limited to, copies of bills, laboratory reports, prescriptions and

615 other technical information used in assessing the patient's health  
616 condition. In addition, an institution shall provide the patient or the  
617 patient's designated health care provider with a reasonable  
618 opportunity to examine retained tissue slides and retained pathology  
619 tissue blocks. Upon the written request of the patient, the patient's  
620 attorney or the patient's designated health care provider, an institution  
621 shall send the original retained tissue slide or original retained tissue  
622 block directly to the patient's designated licensed institution,  
623 laboratory or physician. If the original slide or block is not available or  
624 if a new section cut of the original slide or block is a fair representation  
625 of the original slide or block, then the institution may send the new  
626 section cut, which is clearly labeled as a new section cut, to the  
627 patient's designated health care provider. Any patient or the patient's  
628 attorney or authorized representative who is provided with an original  
629 retained slide, tissue block or a new section under the provisions of  
630 this subsection shall be solely responsible for safeguarding and  
631 returning the slide, block or new section to the institution. Any  
632 institution or laboratory that has released an original slide, an original  
633 tissue block or new section pursuant to the provisions of this  
634 subsection shall not be subject to any liability arising out of releasing  
635 or not retaining the slide, block or new section and no cause of action  
636 for damages shall arise against any such institution for releasing or not  
637 retaining the slide, block or new section. No such institution shall  
638 charge more than sixty-five cents per page, including any research  
639 fees, clerical fees, handling fees or related costs, and the cost of first  
640 class postage, if applicable, for furnishing or providing access to a  
641 health record pursuant to this subsection, except such an institution  
642 may charge the amount necessary to cover its cost of materials for  
643 furnishing a copy of an x-ray or for furnishing an original retained  
644 slide, an original tissue block or a new section cut from a retained  
645 pathology tissue block. For purposes of this subsection, "health care  
646 provider" means an institution or laboratory licensed under this  
647 chapter or licensed in the state where located, [or] a physician licensed  
648 under chapter 370 or licensed in the state where located or an  
649 advanced practice registered nurse licensed under chapter 378 or

650 licensed in the state where located.

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

654 (a) Except as provided in section 20-631b, one or more pharmacists  
655 licensed under this chapter who are determined competent in  
656 accordance with regulations adopted pursuant to subsection (d) of this  
657 section may enter into a written protocol-based collaborative drug  
658 therapy management agreement with one or more physicians licensed  
659 under chapter 370 or advanced practice registered nurses licensed  
660 under chapter 378 to manage the drug therapy of individual patients.  
661 In order to enter into a written protocol-based collaborative drug  
662 therapy management agreement, such physician or advanced practice  
663 registered nurse shall have established a [physician-patient] provider-  
664 patient relationship with the patient who will receive collaborative  
665 drug therapy. Each patient's collaborative drug therapy management  
666 shall be governed by a written protocol specific to that patient  
667 established by the treating physician or advanced practice registered  
668 nurse in consultation with the pharmacist. For purposes of this  
669 subsection, a ["physician-patient relationship"] "provider-patient  
670 relationship" is a relationship based on (1) the patient making a  
671 medical complaint, (2) the patient providing a medical history, (3) the  
672 patient receiving a physical examination, and (4) a logical connection  
673 existing between the medical complaint, the medical history, the  
674 physical examination and any drug prescribed for the patient.

675 (b) A collaborative drug therapy management agreement may  
676 authorize a pharmacist to implement, modify or discontinue a drug  
677 therapy that has been prescribed for a patient, order associated  
678 laboratory tests and administer drugs, all in accordance with a patient-  
679 specific written protocol. In instances where drug therapy is  
680 discontinued, the pharmacist shall notify the treating physician or  
681 advanced practice registered nurse of such discontinuance no later  
682 than twenty-four hours from the time of such discontinuance. Each

683 protocol developed, pursuant to the collaborative drug therapy  
684 management agreement, shall contain detailed direction concerning  
685 the actions that the pharmacist may perform for that patient. The  
686 protocol shall include, but need not be limited to, (1) the specific drug  
687 or drugs to be managed by the pharmacist, (2) the terms and  
688 conditions under which drug therapy may be implemented, modified  
689 or discontinued, (3) the conditions and events upon which the  
690 pharmacist is required to notify the physician or advanced practice  
691 registered nurse, and (4) the laboratory tests that may be ordered. All  
692 activities performed by the pharmacist in conjunction with the  
693 protocol shall be documented in the patient's medical record. The  
694 pharmacist shall report at least every thirty days to the physician or  
695 advanced practice registered nurse regarding the patient's drug  
696 therapy management. The collaborative drug therapy management  
697 agreement and protocols shall be available for inspection by the  
698 Departments of Public Health and Consumer Protection. A copy of the  
699 protocol shall be filed in the patient's medical record.

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

703 (a) Not later than January 1, 2006, the Commissioner of Consumer  
704 Protection, in consultation with the Commission of Pharmacy, shall  
705 establish and operate a two-year pilot program to allow not more than  
706 ten pharmacists licensed under this chapter who are determined  
707 eligible in accordance with subsection (c) of this section and employed  
708 by or under contract with a licensed community pharmacy, to enter  
709 into a written protocol-based collaborative drug therapy management  
710 agreement with one or more physicians licensed under chapter 370 or  
711 advanced practice registered nurses licensed under chapter 378, to  
712 manage the drug therapy of individual patients receiving drug therapy  
713 for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis,  
714 congestive heart failure or smoking cessation, including patients who  
715 qualify as targeted beneficiaries under the provisions of Section 1860D-  
716 4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with

717 subsections (b) to (d), inclusive, of this section and subject to the  
718 approval of the licensed community pharmacy. Each patient's  
719 collaborative drug therapy management shall be governed by a  
720 written protocol specific to that patient established by the treating  
721 physician or advanced practice registered nurse in consultation with  
722 the pharmacist.

723 (b) A collaborative drug therapy management agreement may  
724 authorize a pharmacist to implement, modify or discontinue a drug  
725 therapy that has been prescribed for a patient, order associated  
726 laboratory tests and administer drugs, all in accordance with a patient-  
727 specific written protocol. Each protocol developed, pursuant to the  
728 collaborative drug therapy management agreement, shall contain  
729 detailed direction concerning the actions that the pharmacist may  
730 perform for that patient. The protocol shall include, but need not be  
731 limited to, (1) the specific drug or drugs to be managed by the  
732 pharmacist, (2) the terms and conditions under which drug therapy  
733 may be implemented, modified or discontinued, (3) the conditions and  
734 events upon which the pharmacist is required to notify the physician  
735 or advanced practice registered nurse, and (4) the laboratory tests that  
736 may be ordered. All activities performed by the pharmacist in  
737 conjunction with the protocol shall be documented in the patient's  
738 medical record. The pharmacist shall report to the physician or  
739 advanced practice registered nurse through oral, written or electronic  
740 manner regarding the implementation, administration, modification or  
741 discontinuation of a drug therapy that has been prescribed for a  
742 patient not later than twenty-four hours after such implementation,  
743 administration, modification or discontinuation. The collaborative  
744 drug therapy management agreement and protocols shall be available  
745 for inspection by the Departments of Public Health and Consumer  
746 Protection. A copy of the protocol shall be filed in the patient's medical  
747 record.

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

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

751 (1) "Authorized representative" means (A) a person empowered by  
752 a patient to assert the confidentiality of communications or records  
753 which are privileged under sections 52-146c to 52-146i, inclusive, or (B)  
754 if a patient is deceased, his or her personal representative or next of  
755 kin, or (C) if a patient is incompetent to assert or waive his privileges  
756 hereunder, (i) a guardian or conservator who has been or is appointed  
757 to act for the patient, or (ii) for the purpose of maintaining  
758 confidentiality until a guardian or conservator is appointed, the  
759 patient's nearest relative;

760 (2) "Communications and records" means all oral and written  
761 communications and records thereof relating to diagnosis or treatment  
762 of a patient's mental condition between the patient and a [psychiatrist]  
763 psychiatric mental health provider, or between a member of the  
764 patient's family and a [psychiatrist] psychiatric mental health provider,  
765 or between any of such persons and a person participating under the  
766 supervision of a [psychiatrist] psychiatric mental health provider in the  
767 accomplishment of the objectives of diagnosis and treatment, wherever  
768 made, including communications and records which occur in or are  
769 prepared at a mental health facility;

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

772 (4) "Identifiable" and "identify a patient" refer to communications  
773 and records which contain (A) names or other descriptive data from  
774 which a person acquainted with the patient might reasonably  
775 recognize the patient as the person referred to, or (B) codes or numbers  
776 which are in general use outside of the mental health facility which  
777 prepared the communications and records;

778 (5) "Mental health facility" includes any hospital, clinic, ward,  
779 [psychiatrist's] psychiatric mental health provider's office or other  
780 facility, public or private, which provides inpatient or outpatient  
781 service, in whole or in part, relating to the diagnosis or treatment of a



782 patient's mental condition;

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

786 (7) ["Psychiatrist"] "Psychiatric mental health provider" means a  
787 physician specializing in psychiatry and licensed under the provisions  
788 of sections 20-9 to 20-12, inclusive, an advanced practice registered  
789 nurse licensed under chapter 378 who is board certified as a  
790 psychiatric mental health provider by the American Nurses  
791 Credentialing Center, a person licensed to practice medicine who  
792 devotes a substantial portion of his or her time to the practice of  
793 psychiatry [ ] or a person reasonably believed by the patient to be so  
794 qualified.

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

798 (1) Communications or records may be disclosed to other persons  
799 engaged in the diagnosis or treatment of the patient or may be  
800 transmitted to another mental health facility to which the patient is  
801 admitted for diagnosis or treatment if the [psychiatrist] psychiatric  
802 mental health provider in possession of the communications or records  
803 determines that the disclosure or transmission is needed to accomplish  
804 the objectives of diagnosis or treatment. The patient shall be informed  
805 that the communications or records will be so disclosed or transmitted.  
806 For purposes of this subsection, persons in professional training are to  
807 be considered as engaged in the diagnosis or treatment of the patients.

808 (2) Communications or records may be disclosed when the  
809 [psychiatrist] psychiatric mental health provider determines that there  
810 is substantial risk of imminent physical injury by the patient to himself  
811 or others or when a [psychiatrist] psychiatric mental health provider,  
812 in the course of diagnosis or treatment of the patient, finds it necessary  
813 to disclose the communications or records for the purpose of placing

814 the patient in a mental health facility, by certification, commitment or  
815 otherwise, provided the provisions of sections 52-146d to 52-146j,  
816 inclusive, as amended by this act, shall continue in effect after the  
817 patient is in the facility.

818 (3) Except as provided in section 17b-225, the name, address and  
819 fees for psychiatric services to a patient may be disclosed to  
820 individuals or agencies involved in the collection of fees for such  
821 services. In cases where a dispute arises over the fees or claims or  
822 where additional information is needed to substantiate the fee or  
823 claim, the disclosure of further information shall be limited to the  
824 following: (A) That the person was in fact a patient; (B) the diagnosis;  
825 (C) the dates and duration of treatment; and (D) a general description  
826 of the treatment, which shall include evidence that a treatment plan  
827 exists and has been carried out and evidence to substantiate the  
828 necessity for admission and length of stay in a health care institution  
829 or facility. If further information is required, the party seeking the  
830 information shall proceed in the same manner provided for hospital  
831 patients in section 4-105, as amended by this act.

832 (4) Communications made to or records made by a [psychiatrist]  
833 psychiatric mental health provider in the course of a psychiatric  
834 examination ordered by a court or made in connection with the  
835 application for the appointment of a conservator by the Probate Court  
836 for good cause shown may be disclosed at judicial or administrative  
837 proceedings in which the patient is a party, or in which the question of  
838 his incompetence because of mental illness is an issue, or in  
839 appropriate pretrial proceedings, provided the court finds that the  
840 patient has been informed before making the communications that any  
841 communications will not be confidential and provided the  
842 communications shall be admissible only on issues involving the  
843 patient's mental condition.

844 (5) Communications or records may be disclosed in a civil  
845 proceeding in which the patient introduces his mental condition as an  
846 element of his claim or defense, or, after the patient's death, when his

847 condition is introduced by a party claiming or defending through or as  
848 a beneficiary of the patient and the court or judge finds that it is more  
849 important to the interests of justice that the communications be  
850 disclosed than that the relationship between patient and [psychiatrist]  
851 psychiatric mental health provider be protected.

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

854       No action to recover damages for injury to the person, or to real or  
855 personal property, caused by negligence, or by reckless or wanton  
856 misconduct, or by malpractice of a physician, surgeon, dentist,  
857 podiatrist, chiropractor, advanced practice registered nurse, hospital or  
858 sanatorium, shall be brought but within two years from the date when  
859 the injury is first sustained or discovered or in the exercise of  
860 reasonable care should have been discovered, and except that no such  
861 action may be brought more than three years from the date of the act  
862 or omission complained of, except that a counterclaim may be  
863 interposed in any such action any time before the pleadings in such  
864 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(b) and (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)

**Proposed Substitute Bill No. 921**

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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