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:

Section 1. Subsection (a) of section 17a-81 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

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

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 Subparagraph (B) of subdivision (16) of section 31-275 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

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

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

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

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

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

Sec. 3. Subsections (b) and (c) of section 31-294d of the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

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

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

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

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

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

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

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

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

IMPORTANT

STATE OF CONNECTICUT WORKERS' COMPENSATION
COMMISSION

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

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

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

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

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

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

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

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

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

(1) A clinical social worker who is licensed under the provisions of chapter 383b and who has passed the clinical examination of the American Association of State Social Work Boards and has completed at least two thousand hours of post-master's social work experience in a nonprofit agency qualifying as a tax-exempt organization under Section 501(c) of the Internal Revenue Code of 1986 or any subsequent corresponding internal revenue code of the United States, as from time to time amended, in a municipal, state or federal agency or in an institution licensed by the Department of Public Health under section 19a-490;
(2) A social worker who was certified as an independent social worker under the provisions of chapter 383b prior to October 1, 1990;

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

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

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

(6) A licensed professional counselor; or

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

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

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

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

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

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

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

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

(a) For the purposes of this section:

(1) ["Certified nurse practitioner"] "Advanced practice registered
nurse" means any advanced practice registered nurse licensed under
the provisions of chapter 378; [who has completed a formal
(2) "Certified psychiatric-mental health clinical nurse specialist"

"Certified psychiatric-mental health advanced practice registered nurse" means any advanced practice registered nurse licensed under chapter 378 who has completed a formal educational program as a psychiatric-mental health clinical nurse specialist and is certified by the American Nurses' Association is board certified as a psychiatric-mental health provider by the American Nurses Credentialing Center;

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

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

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

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

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

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

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

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

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

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

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

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

(c) For deaths occurring on or after July 1, 1997, the Social Security number of the deceased person shall be recorded in the "administrative purposes" section of the death certificate. Such administrative purposes section, and the Social Security number contained therein, shall be restricted and disclosed only to the following eligible parties:

(1) All parties specified on the death certificate, including the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician or advanced practice registered nurse and town clerk, for the purpose of processing the certificate, (2) the surviving spouse, (3) the next of kin, or (4) any state and federal agencies authorized by federal law. The department shall provide any other individual, researcher or state or federal agency requesting a certified or uncertified death certificate, or the information contained within such certificate, for a death occurring on or after July 1, 1997, such certificate or information. The decedent's Social Security number shall be removed or redacted from such certificate or information or
the administrative purposes section shall be omitted from such certificate.

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

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

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

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

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

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

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

The Commissioner of Public Health shall employ the most efficient
and practical means for the prevention and suppression of disease and
shall administer all laws under the jurisdiction of the Department of
Public Health and the Public Health Code. The commissioner shall
have responsibility for the overall operation and administration of the
Department of Public Health. The commissioner shall have the power
and duty to: (1) Administer, coordinate and direct the operation of the
department; (2) adopt and enforce regulations, in accordance with
chapter 54, as are necessary to carry out the purposes of the
department as established by statute; (3) establish rules for the internal
operation and administration of the department; (4) establish and
develop programs and administer services to achieve the purposes of
the department as established by statute; (5) enter into a contract,
including, but not limited to, a contract with another state, for facilities,
services and programs to implement the purposes of the department
as established by statute; (6) designate a deputy commissioner or other
employee of the department to sign any license, certificate or permit
issued by said department; (7) conduct a hearing, issue subpoenas,
administer oaths, compel testimony and render a final decision in any
case when a hearing is required or authorized under the provisions of
any statute dealing with the Department of Public Health; (8) with the
health authorities of this and other states, secure information and data
concerning the prevention and control of epidemics and conditions
affecting or endangering the public health, and compile such
information and statistics and shall disseminate among health
authorities and the people of the state such information as may be of
value to them; (9) annually issue a list of reportable diseases,
emergency illnesses and health conditions and a list of reportable
laboratory findings and amend such lists as the commissioner deems necessary and distribute such lists as well as any necessary forms to each licensed physician, licensed advanced practice registered nurse and clinical laboratory in this state. The commissioner shall prepare printed forms for reports and returns, with such instructions as may be necessary, for the use of directors of health, boards of health and registrars of vital statistics; and (10) specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, frequency of admission and readmission, and frequency and duration of treatment. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder. The commissioner may designate any person to perform any of the duties listed in subdivision (7) of this section. The commissioner shall have authority over directors of health and may, for cause, remove any such director; but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the commissioner as the public interest requires. The commissioner shall assist and advise local directors of health and district directors of health in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health. In the event the commissioner reasonably suspects impropriety on the part of a local director of health or district director of health, or employee of such director, in the performance of his or her duties, the commissioner shall provide notification and any evidence of such impropriety to the appropriate governing authority of the municipal health authority, established pursuant to section 19a-200, or the district department of health, established pursuant to section 19a-244, for purposes of reviewing and assessing a director's or an employee's compliance with such duties. Such governing authority shall provide a written report of its findings from the review and assessment to the commissioner not later than ninety days after such review and assessment. When requested by local directors of health or
district directors of health, the commissioner shall consult with them
and investigate and advise concerning any condition affecting public
health within their jurisdiction. The commissioner shall investigate
nuisances and conditions affecting, or that he or she has reason to
suspect may affect, the security of life and health in any locality and,
for that purpose, the commissioner, or any person authorized by the
commissioner, may enter and examine any ground, vehicle, apartment,
building or place, and any person designated by the commissioner
shall have the authority conferred by law upon constables. Whenever
the commissioner determines that any provision of the general statutes
or regulation of the Public Health Code is not being enforced
effectively by a local health department or health district, he or she
shall forthwith take such measures, including the performance of any
act required of the local health department or health district, to ensure
enforcement of such statute or regulation and shall inform the local
health department or health district of such measures. In September of
each year the commissioner shall certify to the Secretary of the Office
of Policy and Management the population of each municipality. The
commissioner may solicit and accept for use any gift of money or
property made by will or otherwise, and any grant of or contract for
money, services or property from the federal government, the state,
any political subdivision thereof, any other state or any private source,
and do all things necessary to cooperate with the federal government
or any of its agencies in making an application for any grant or
contract. The commissioner may establish state-wide and regional
advisory councils. For purposes of this section, "employee of such
director" means an employee of, a consultant employed or retained by
or an independent contractor retained by a local director of health, a
district director of health, a local health department or a health district.

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

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

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

(a) Upon the written request of a patient or the patient’s attorney or
authorized representative, or pursuant to a written authorization, an
institution licensed pursuant to this chapter shall furnish to the person
making such request a copy of the patient’s health record, including
but not limited to, copies of bills, laboratory reports, prescriptions and
other technical information used in assessing the patient's health
condition. In addition, an institution shall provide the patient or the
patient's designated health care provider with a reasonable
opportunity to examine retained tissue slides and retained pathology
tissue blocks. Upon the written request of the patient, the patient's
attorney or the patient's designated health care provider, an institution
shall send the original retained tissue slide or original retained tissue
block directly to the patient's designated licensed institution,
laboratory or physician. If the original slide or block is not available or
if a new section cut of the original slide or block is a fair representation
of the original slide or block, then the institution may send the new
section cut, which is clearly labeled as a new section cut, to the
patient's designated health care provider. Any patient or the patient's
attorney or authorized representative who is provided with an original
retained slide, tissue block or a new section under the provisions of
this subsection shall be solely responsible for safeguarding and
returning the slide, block or new section to the institution. Any
institution or laboratory that has released an original slide, an original
tissue block or new section pursuant to the provisions of this
subsection shall not be subject to any liability arising out of releasing
or not retaining the slide, block or new section and no cause of action
for damages shall arise against any such institution for releasing or not
retaining the slide, block or new section. No such institution shall
charge more than sixty-five cents per page, including any research
fees, clerical fees, handling fees or related costs, and the cost of first
class postage, if applicable, for furnishing or providing access to a
health record pursuant to this subsection, except such an institution
may charge the amount necessary to cover its cost of materials for
furnishing a copy of an x-ray or for furnishing an original retained
slide, an original tissue block or a new section cut from a retained
pathology tissue block. For purposes of this subsection, "health care
provider" means an institution or laboratory licensed under this
chapter or licensed in the state where located, or a physician licensed
under chapter 370 or licensed in the state where located or an
advanced practice registered nurse licensed under chapter 378 or
Sec. 22. Subsections (a) and (b) of section 20-631 of the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

(a) Except as provided in section 20-631b, one or more pharmacists licensed under this chapter who are determined competent in accordance with regulations adopted pursuant to subsection (d) of this section may enter into a written protocol-based collaborative drug therapy management agreement with one or more physicians licensed under chapter 370 or advanced practice registered nurses licensed under chapter 378 to manage the drug therapy of individual patients.

In order to enter into a written protocol-based collaborative drug therapy management agreement, such physician or advanced practice registered nurse shall have established a [physician-patient] provider-patient relationship with the patient who will receive collaborative drug therapy. Each patient's collaborative drug therapy management shall be governed by a written protocol specific to that patient established by the treating physician or advanced practice registered nurse in consultation with the pharmacist. For purposes of this subsection, a ["physician-patient relationship"] provider-patient relationship is a relationship based on (1) the patient making a medical complaint, (2) the patient providing a medical history, (3) the patient receiving a physical examination, and (4) a logical connection existing between the medical complaint, the medical history, the physical examination and any drug prescribed for the patient.

(b) A collaborative drug therapy management agreement may authorize a pharmacist to implement, modify or discontinue a drug therapy that has been prescribed for a patient, order associated laboratory tests and administer drugs, all in accordance with a patient-specific written protocol. In instances where drug therapy is discontinued, the pharmacist shall notify the treating physician or advanced practice registered nurse of such discontinuance no later than twenty-four hours from the time of such discontinuance. Each
protocol developed, pursuant to the collaborative drug therapy management agreement, shall contain detailed direction concerning the actions that the pharmacist may perform for that patient. The protocol shall include, but need not be limited to, (1) the specific drug or drugs to be managed by the pharmacist, (2) the terms and conditions under which drug therapy may be implemented, modified or discontinued, (3) the conditions and events upon which the pharmacist is required to notify the physician or advanced practice registered nurse, and (4) the laboratory tests that may be ordered. All activities performed by the pharmacist in conjunction with the protocol shall be documented in the patient's medical record. The pharmacist shall report at least every thirty days to the physician or advanced practice registered nurse regarding the patient's drug therapy management. The collaborative drug therapy management agreement and protocols shall be available for inspection by the Departments of Public Health and Consumer Protection. A copy of the protocol shall be filed in the patient's medical record.

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

(a) Not later than January 1, 2006, the Commissioner of Consumer Protection, in consultation with the Commission of Pharmacy, shall establish and operate a two-year pilot program to allow not more than ten pharmacists licensed under this chapter who are determined eligible in accordance with subsection (c) of this section and employed by or under contract with a licensed community pharmacy, to enter into a written protocol-based collaborative drug therapy management agreement with one or more physicians licensed under chapter 370 or advanced practice registered nurses licensed under chapter 378, to manage the drug therapy of individual patients receiving drug therapy for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart failure or smoking cessation, including patients who qualify as targeted beneficiaries under the provisions of Section 1860D-4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with
subsections (b) to (d), inclusive, of this section and subject to the
approval of the licensed community pharmacy. Each patient's
collaborative drug therapy management shall be governed by a
written protocol specific to that patient established by the treating
physician or advanced practice registered nurse in consultation with
the pharmacist.

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

Sec. 24. Section 52-146d of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2019):
As used in sections 52-146d to 52-146i, inclusive:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<p>| This act shall take effect as follows and shall amend the following sections: |
|-----------------|-----------------|-----------------|
| Section 1       | October 1, 2019 | 17a-81(a)       |
| Sec. 2          | October 1, 2019 | 31-275(16)(B)  |
| Sec. 3          | October 1, 2019 | 31-294d(b) and (c) |
| Sec. 4          | October 1, 2019 | 31-294d(f)     |
| Sec. 5          | October 1, 2019 | 31-294i        |
| Sec. 6          | October 1, 2019 | 31-296(c)      |
| Sec. 7          | October 1, 2019 | 38a-472a       |
| Sec. 8          | October 1, 2019 | 38a-488a(d) to (h) |
| Sec. 9          | October 1, 2019 | 38a-492e(b)    |
| Sec. 10         | October 1, 2019 | 38a-499        |
| Sec. 11         | October 1, 2019 | 38a-503(d)     |
| Sec. 12         | October 1, 2019 | 38a-518e(b)    |
| Sec. 13         | October 1, 2019 | 38a-530(d)     |
| Sec. 14         | October 1, 2019 | 4-105          |
| Sec. 15         | October 1, 2019 | 7-51a(c)       |</p>
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