



General Assembly

Substitute Bill No. 1083

January Session, 2021



AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

1 Section 1. Section 19a-404 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2021*):

3 The Chief Medical Examiner shall be a citizen of the United States
4 and a doctor of medicine licensed to practice medicine in Connecticut
5 and shall have had a minimum of four years postgraduate training in
6 pathology and such additional subsequent experience in forensic
7 pathology as the commission may determine, provided any person
8 otherwise qualified who is not licensed to so practice may be appointed
9 Chief Medical Examiner, provided he or she obtains such a license
10 within one year of his or her appointment. The Commission on
11 Medicolegal Investigations shall submit recommendations concerning
12 the Chief Medical Examiner's salary and annual increments to such
13 salary to the Commissioner of Administrative Services for review and
14 approval pursuant to section 4-40. The Chief Medical Examiner's term
15 of office shall be fixed by the commission and the Chief Medical
16 Examiner may be removed by the commission only for cause. Under the
17 direction of the commission, the Chief Medical Examiner shall prepare
18 for transmission to the Secretary of the Office of Policy and Management

19 as required by law estimates of expenditure requirements. The Chief
20 Medical Examiner shall account to the State Treasurer for all fees and
21 moneys received and expended by him or her by virtue of his or her
22 office. The Chief Medical Examiner may as part of his or her duties teach
23 medical and law school classes, conduct special classes for police
24 investigators and engage in other activities related to the work of the
25 office to such extent and on such terms as may be authorized by the
26 commission. On and after January 1, 2022, the Chief Medical Examiner
27 shall earn at least one contact hour of training or education in sudden
28 unexpected death in epilepsy as part of the continuing medical
29 education he or she is required to obtain pursuant to section 20-10b. As
30 used in this section, "sudden unexpected death in epilepsy" means the
31 death of a person with epilepsy that is not caused by injury, drowning
32 or other known causes unrelated to epilepsy.

33 Sec. 2. Section 21a-223 of the general statutes is repealed and the
34 following is substituted in lieu thereof (*Effective October 1, 2021*):

35 (a) Each individual place of business of each health club shall obtain
36 a license from the Department of Consumer Protection prior to the sale
37 of any health club contract. Application for such license shall be made
38 on forms provided by the Commissioner of Consumer Protection and
39 said commissioner shall require as a condition to the issuance and
40 renewal of any license obtained under this chapter (1) that the applicant
41 provide for and maintain on the premises of the health club sanitary
42 facilities; (2) that the applicant (A) (i) provide and maintain in a readily
43 accessible location on the premises of the health club at least one
44 automatic external defibrillator, as defined in section 19a-175, and (ii)
45 make such location known to employees of such health club, (B) ensure
46 that at least one employee is on the premises of such health club during
47 staffed business hours who is trained in cardiopulmonary resuscitation
48 and the use of an automatic external defibrillator in accordance with the
49 standards set forth by the American Red Cross or American Heart
50 Association, (C) maintain and test the automatic external defibrillator in
51 accordance with the manufacturer's guidelines, and (D) promptly notify

52 a local emergency medical services provider after each use of such
53 automatic external defibrillator; (3) that the application be accompanied
54 by (A) a license or renewal fee of two hundred fifty dollars, (B) a list of
55 the equipment and each service [which] ~~that~~ the applicant intends to
56 have available for use by buyers during the year of operations following
57 licensure or renewal, and (C) two copies of each health club contract
58 [which] ~~that~~ the applicant is currently using or intends to use; and [(3)]
59 (4) compliance with the requirements of section 21a-226. Such licenses
60 shall be renewed annually. The commissioner may impose a civil
61 penalty of not more than three hundred dollars against any health club
62 that continues to sell or offer for sale health club contracts for any
63 location but fails to submit a license renewal and license renewal fee for
64 such location not later than thirty days after such license's expiration
65 date.

66 (b) No health club shall (1) engage in any act or practice [which] that
67 is in violation of or contrary to the provisions of this chapter or any
68 regulation adopted to carry out the provisions of this chapter, including
69 the use of contracts [which] ~~that~~ do not conform to the requirements of
70 this chapter, or (2) engage in conduct of a character likely to mislead,
71 deceive or defraud the buyer, the public or the commissioner. The
72 Commissioner of Consumer Protection may refuse to grant or renew a
73 license to, or may suspend or revoke the license of, any health club
74 which engages in any conduct prohibited by this chapter.

75 (c) If the commissioner refuses to grant or renew a license of any
76 health club, the commissioner shall notify the applicant or licensee of
77 the refusal, and of [his] the applicant's or licensee's right to request a
78 hearing [within] not later than ten days [from] after the date of receipt
79 of the notice of refusal. If the applicant or licensee requests a hearing
80 within [ten days] such ten-day period, the commissioner shall give
81 notice of the grounds for [his] the commissioner's refusal to grant or
82 renew such license and shall conduct a hearing concerning such refusal
83 in accordance with the provisions of chapter 54 concerning contested
84 matters.

85 (d) The Attorney General at the request of the Commissioner of
86 Consumer Protection [is authorized to] may apply in the name of the
87 state of Connecticut to the Superior Court for an order temporarily or
88 permanently restraining and enjoining any health club from operating
89 in violation of any provision of this chapter.

90 Sec. 3. Subdivision (1) of subsection (a) of section 52-557b of the
91 general statutes is repealed and the following is substituted in lieu
92 thereof (*Effective October 1, 2021*):

93 (a) (1) A person licensed to practice medicine and surgery under the
94 provisions of chapter 370 or dentistry under the provisions of section
95 20-106 or members of the same professions licensed to practice in any
96 other state of the United States, a person licensed as a registered nurse
97 under section 20-93 or 20-94 or certified as a licensed practical nurse
98 under section 20-96 or 20-97, a medical technician or any person
99 operating a cardiopulmonary resuscitator or a person trained in
100 cardiopulmonary resuscitation in accordance with the guidelines set
101 forth by the American Red Cross or American Heart Association, or a
102 person operating an automatic external defibrillator, who, voluntarily
103 and gratuitously and other than in the ordinary course of such person's
104 employment or practice, renders emergency medical or professional
105 assistance to a person in need thereof, shall not be liable to such person
106 assisted for civil damages for any personal injuries which result from
107 acts or omissions by such person in rendering the emergency care,
108 which may constitute ordinary negligence. A person or entity that
109 provides or maintains an automatic external defibrillator shall not be
110 liable for the acts or omissions of such person or entity in providing or
111 maintaining the automatic external defibrillator, which may constitute
112 ordinary negligence. A person or entity that provides or maintains an
113 automatic external defibrillator in a cabinet, which also contains an
114 opioid antagonist used to treat or prevent a drug overdose, shall not be
115 liable for the acts or omissions of such person or entity in making
116 available the opioid antagonist, which may constitute ordinary
117 negligence. The immunity provided in this subsection does not apply to

118 acts or omissions constituting gross, wilful or wanton negligence. With
119 respect to the use of an automatic external defibrillator, the immunity
120 provided in this subsection shall only apply to acts or omissions
121 involving the use of an automatic external defibrillator in the rendering
122 of emergency care, except a health club licensed pursuant to section 21a-
123 223, as amended by this act, shall not be held liable for acts or omissions
124 involving the nonuse of the automatic external defibrillator. Nothing in
125 this subsection shall be construed to exempt paid or volunteer
126 firefighters, police officers or emergency medical services personnel
127 from completing training in cardiopulmonary resuscitation or in the use
128 of an automatic external defibrillator in accordance with the guidelines
129 set forth by the American Red Cross or American Heart Association. For
130 the purposes of this subsection, "automatic external defibrillator" means
131 a device that: (A) Is used to administer an electric shock through the
132 chest wall to the heart; (B) contains internal decision-making electronics,
133 microcomputers or special software that allows it to interpret
134 physiologic signals, make medical diagnosis and, if necessary, apply
135 therapy; (C) guides the user through the process of using the device by
136 audible or visual prompts; and (D) does not require the user to employ
137 any discretion or judgment in its use.

138 Sec. 4. Section 19a-508a of the general statutes is repealed and the
139 following is substituted in lieu thereof (*Effective October 1, 2021*):

140 Upon admitting a patient to a hospital, hospital personnel shall
141 promptly ask the patient whether the patient desires for his or her
142 physician and any family member, caregiver or support person to be
143 notified of the hospital admission. If the patient so desires, hospital
144 personnel shall make reasonable efforts to notify the physician and any
145 family member, caregiver or support person designated by the patient
146 of the patient's hospital admission as soon as practicable, but not later
147 than twenty-four hours after the patient's request. For purposes of this
148 section, "hospital" has the same meaning as provided in section 19a-490;
149 and "physician" means a person licensed under the provisions of
150 chapter 370.

151 Sec. 5. Section 19a-285a of the general statutes is repealed and the
152 following is substituted in lieu thereof (*Effective July 1, 2021*):

153 (a) Any person who is seventeen years of age or older shall have the
154 legal capacity, without written authorization of his or her parent or
155 guardian, to donate blood or any component thereof and to consent to
156 the withdrawal of blood from his or her body, in conjunction with any
157 voluntary blood donation program.

158 (b) Any person who is sixteen years of age shall have the legal
159 capacity, with written authorization of his or her parent or guardian, to
160 donate blood or any component thereof and to consent to the
161 withdrawal of blood from his or her body in conjunction with any
162 voluntary blood donation program.

163 Sec. 6. Section 20-195ppp of the general statutes is repealed and the
164 following is substituted in lieu thereof (*Effective July 1, 2021*):

165 The Department of Public Health may issue a temporary permit to an
166 applicant for licensure as an art therapist who holds a graduate degree
167 in art therapy or a related field. Such temporary permit shall authorize
168 the holder of the temporary permit to practice art therapy under the
169 general supervision of a licensed art therapist at all times during which
170 the holder of the temporary permit performs art therapy. Such
171 temporary permit shall be valid for a period not to exceed [three
172 hundred sixty-five calendar days] two years after the date of attaining
173 such graduate degree and shall not be renewable. No temporary permit
174 shall be issued under this section to any applicant against whom
175 professional disciplinary action is pending or who is the subject of an
176 unresolved complaint in this state or any other state. The commissioner
177 may revoke a temporary permit for good cause, as determined by the
178 commissioner. The fee for a temporary permit shall be fifty dollars.

179 Sec. 7. (NEW) (*Effective July 1, 2021*) A hospital shall notify the mother
180 of a child who is born stillborn of the burial and cremation arrangement
181 options for such child (1) when practicable, upon admission to the

182 hospital if the mother expects to deliver a stillborn child, or (2) if
183 notification is not practicable upon admission or the mother did not
184 expect to deliver a stillborn child, not less than twelve hours after (A)
185 the birth of the stillborn child, and (B) the mother is determined to be
186 lucid and able to reason independently and clearly by the mother's
187 attending physician. The hospital shall make such notification in writing
188 and provide a copy of such notification to any family member who is
189 present in the hospital for the birth of the stillborn child. The mother
190 may inform the hospital, in writing, of her decision regarding the burial
191 or cremation arrangements for her stillborn child at any time during
192 hospitalization and prior to discharge, provided the mother shall have
193 a minimum of twenty-four hours after receipt of the written notification
194 from the hospital to inform the hospital in writing of such decision.

195 Sec. 8. (NEW) (*Effective July 1, 2021*) On or before January 1, 2022, the
196 Commissioner of Public Health shall revise the application for a
197 marriage license made under section 46b-25 of the general statutes and
198 any marriage certificate issued on or after January 1, 2022, under section
199 7-51a of the general statutes to eliminate the references to "bride" and
200 "groom" and replace such references with "spouse one" and "spouse
201 two".

202 Sec. 9. Subdivision (5) of section 3-39j of the general statutes is
203 repealed and the following is substituted in lieu thereof (*Effective October*
204 *1, 2021*):

205 (5) "Disability certification" means, with respect to an individual, a
206 certification to the satisfaction of the Secretary of the Treasury of the
207 United States by the individual or the parent or guardian of the
208 individual that (A) certifies that (i) the individual has a medically
209 determinable physical or mental impairment, that results in marked and
210 severe functional limitations, and that can be expected to result in death
211 or that has lasted or can be expected to last for a continuous period of
212 not less than twelve months, or is blind within the meaning of Section
213 1614(a)(2) of the Social Security Act, and (ii) such impairment or
214 blindness occurred before the date on which the individual attained the

215 age of twenty-six, and (B) includes a copy of the individual's diagnosis
216 relating to the individual's relevant impairment or blindness that is
217 signed by a physician who is licensed pursuant to chapter 370 or, to the
218 extent permitted by federal law, (i) an advanced practice registered
219 nurse who is licensed pursuant to chapter 378, [or] (ii) a physician
220 assistant who is licensed pursuant to chapter 370, or (iii) if the
221 individual's impairment is blindness, an optometrist licensed pursuant
222 to chapter 380.

223 Sec. 10. Subsection (b) of section 3-123aa of the general statutes is
224 repealed and the following is substituted in lieu thereof (*Effective October*
225 *1, 2021*):

226 (b) There is established the Connecticut Homecare Option Program
227 for the Elderly, to allow individuals to plan for the cost of services that
228 will allow them to remain in their homes or in a noninstitutional setting
229 as they age. The Comptroller shall establish the Connecticut Home Care
230 Trust Fund, which shall be comprised of individual savings accounts for
231 those qualified home care expenses not covered by a long-term care
232 insurance policy and for those qualified home care expenses that
233 supplement the coverage provided by a long-term care policy or
234 Medicare. Withdrawals from the fund may be used for qualified home
235 care expenses, upon receipt by the fund of a certification signed by a
236 licensed physician, a licensed physician assistant or a licensed advanced
237 practice registered nurse that the designated beneficiary is in need of
238 services for the instrumental activities of daily living. Upon the death of
239 a designated beneficiary, any available funds in such beneficiary's
240 account shall be an asset of the estate of such beneficiary.

241 Sec. 11. Subdivision (16) of section 10-183b of the general statutes is
242 repealed and the following is substituted in lieu thereof (*Effective October*
243 *1, 2021*):

244 (16) "Formal application of retirement" means the member's
245 application, birth certificate or notarized statement supported by other
246 evidence satisfactory to the board, in lieu thereof, records of service

247 when required by the board to determine a salary rate or years of
248 creditable service, statement of payment plan and, in the case of an
249 application for a disability benefit, a physician's, a physician assistant's
250 or an advanced practice registered nurse's statement of health.

251 Sec. 12. Subsection (a) of section 10a-155 of the general statutes is
252 repealed and the following is substituted in lieu thereof (*Effective October*
253 *1, 2021*):

254 (a) Each institution of higher education shall require each full-time or
255 matriculating student born after December 31, 1956, to provide proof of
256 adequate immunization against measles, rubella and on and after
257 August 1, 2010, to provide proof of adequate immunization against
258 mumps and varicella as recommended by the national Advisory
259 Committee for Immunization Practices before permitting such student
260 to enroll in such institution. Any such student who (1) presents a
261 certificate from a physician, a physician assistant or an advanced
262 practice registered nurse stating that in the opinion of such physician,
263 physician assistant or advanced practice registered nurse such
264 immunization is medically contraindicated, (2) provides a statement
265 that such immunization would be contrary to his religious beliefs, (3)
266 presents a certificate from a physician, a physician assistant, an
267 advanced practice registered nurse or the director of health in the
268 student's present or previous town of residence, stating that the student
269 has had a confirmed case of such disease, (4) is enrolled exclusively in a
270 program for which students do not congregate on campus for classes or
271 to participate in institutional-sponsored events, such as students
272 enrolled in distance learning programs for individualized home study
273 or programs conducted entirely through electronic media in a setting
274 without other students present, or (5) graduated from a public or
275 nonpublic high school in this state in 1999 or later and was not exempt
276 from the measles, rubella and on and after August 1, 2010, the mumps
277 vaccination requirement pursuant to subdivision (2) or (3) of subsection
278 (a) of section 10-204a shall be exempt from the appropriate provisions
279 of this section.

280 Sec. 13. Section 10a-155a of the general statutes is repealed and the
281 following is substituted in lieu thereof (*Effective October 1, 2021*):

282 When a public health official has reason to believe that the continued
283 presence in an institution of higher education of a student who has not
284 been immunized against measles or rubella presents a clear danger to
285 the health of others, the public health official shall notify the chief
286 administrative officer of such institution. Such chief administrative
287 officer shall cause the student to be excluded from the institution, or
288 confined in an infirmary or other medical facility at the institution, until
289 the student presents to such chief administrative officer a certificate
290 from a physician, a physician assistant or an advanced practice
291 registered nurse stating that, in the opinion of such physician, physician
292 assistant or advanced practice registered nurse, the presence in the
293 institution of the student does not present a clear danger to the health of
294 others.

295 Sec. 14. Section 12-94 of the general statutes is repealed and the
296 following is substituted in lieu thereof (*Effective October 1, 2021*):

297 The exemptions granted in sections 12-81 and 12-82 to soldiers,
298 sailors, marines and members of the Coast Guard and Air Force, and
299 their spouses, widows, widowers, fathers and mothers, and to blind or
300 totally disabled persons and their spouses shall first be made in the town
301 in which the person entitled thereto resides, and any person asking such
302 exemption in any other town shall annually make oath before, or
303 forward his or her affidavit to, the assessors of such town, deposing that
304 such exemptions, except the exemption provided in subdivision (55) of
305 section 12-81, if allowed, will not, together with any other exemptions
306 granted under sections 12-81 and 12-82, exceed the amount of
307 exemption thereby allowed to such person. Such affidavit shall be filed
308 with the assessors within the period the assessors have to complete their
309 duties in the town where the exemption is claimed. The assessors of each
310 town shall annually make a certified list of all persons who are found to
311 be entitled to exemption under the provisions of said sections, which list
312 shall be filed in the town clerk's office, and shall be prima facie evidence

313 that the persons whose names appear thereon and who are not required
314 by law to give annual proof are entitled to such exemption as long as
315 they continue to reside in such town; but such assessors may, at any
316 time, require any such person to appear before them for the purpose of
317 furnishing additional evidence, provided, any person who by reason of
318 such person's disability is unable to so appear may furnish such
319 assessors a statement from such person's attending physician, physician
320 assistant or an advanced practice registered nurse certifying that such
321 person is totally disabled and is unable to make a personal appearance
322 and such other evidence of total disability as such assessors may deem
323 appropriate.

324 Sec. 15. Subsection (a) of section 12-129c of the general statutes is
325 repealed and the following is substituted in lieu thereof (*Effective October*
326 *1, 2021*):

327 (a) No claim shall be accepted under section 12-129b unless the
328 taxpayer or authorized agent of such taxpayer files an application with
329 the assessor of the municipality in which the property is located, in
330 affidavit form as provided by the Secretary of the Office of Policy and
331 Management, during the period from February first to and including
332 May fifteenth of any year in which benefits are first claimed, including
333 such information as is necessary to substantiate said claim in accordance
334 with requirements in such application. A taxpayer may make
335 application to the secretary prior to August fifteenth of the claim year
336 for an extension of the application period. The secretary may grant such
337 extension in the case of extenuating circumstance due to illness or
338 incapacitation as evidenced by a certificate signed by a physician, a
339 physician assistant or an advanced practice registered nurse to that
340 extent, or if the secretary determines there is good cause for doing so.
341 The taxpayer shall present to the assessor a copy of such taxpayer's
342 federal income tax return and the federal income tax return of such
343 taxpayer's spouse, if filed separately, for such taxpayer's taxable year
344 ending immediately prior to the submission of the taxpayer's
345 application, or if not required to file a federal income tax return, such

346 other evidence of qualifying income in respect to such taxable year as
347 the assessor may require. Each such application, together with the
348 federal income tax return and any other information submitted in
349 relation thereto, shall be examined by the assessor and if the application
350 is approved by the assessor, it shall be forwarded to the secretary on or
351 before July first of the year in which such application is approved,
352 except that in the case of a taxpayer who received a filing date extension
353 from the secretary, such application shall be forwarded to the secretary
354 not later than ten business days after the date it is filed with the assessor.
355 After a taxpayer's claim for the first year has been filed and approved
356 such taxpayer shall be required to file such an application biennially. In
357 respect to such application required after the filing and approval for the
358 first year the tax assessor in each municipality shall notify each such
359 taxpayer concerning application requirements by regular mail not later
360 than February first of the assessment year in which such taxpayer is
361 required to reapply, enclosing a copy of the required application form.
362 Such taxpayer may submit such application to the assessor by mail,
363 provided it is received by the assessor not later than April fifteenth in
364 the assessment year with respect to which such tax relief is claimed. Not
365 later than April thirtieth of such year the assessor shall notify, by mail
366 evidenced by a certificate of mailing, any such taxpayer for whom such
367 application was not received by said April fifteenth concerning
368 application requirements and such taxpayer shall be required not later
369 than May fifteenth to submit such application personally or for
370 reasonable cause, by a person acting on behalf of such taxpayer as
371 approved by the assessor.

372 Sec. 16. Subsection (f) of section 12-170aa of the general statutes is
373 repealed and the following is substituted in lieu thereof (*Effective October*
374 *1, 2021*):

375 (f) Any homeowner, believing such homeowner is entitled to tax
376 reduction benefits under this section for any assessment year, shall
377 make application as required in subsection (e) of this section, to the
378 assessor of the municipality in which the homeowner resides, for such

379 tax reduction at any time from February first to and including May
380 fifteenth of the year in which tax reduction is claimed. A homeowner
381 may make application to the secretary prior to August fifteenth of the
382 claim year for an extension of the application period. The secretary may
383 grant such extension in the case of extenuating circumstance due to
384 illness or incapacitation as evidenced by a certificate signed by a
385 physician, physician assistant or an advanced practice registered nurse
386 to that extent, or if the secretary determines there is good cause for doing
387 so. Such application for tax reduction benefits shall be submitted on a
388 form prescribed and furnished by the secretary to the assessor. In
389 making application the homeowner shall present to such assessor, in
390 substantiation of such homeowner's application, a copy of such
391 homeowner's federal income tax return, including a copy of the Social
392 Security statement of earnings for such homeowner, and that of such
393 homeowner's spouse, if filed separately, for such homeowner's taxable
394 year ending immediately prior to the submission of such application, or
395 if not required to file a return, such other evidence of qualifying income
396 in respect to such taxable year as may be required by the assessor. When
397 the assessor is satisfied that the applying homeowner is entitled to tax
398 reduction in accordance with this section, such assessor shall issue a
399 certificate of credit, in such form as the secretary may prescribe and
400 supply showing the amount of tax reduction allowed. A duplicate of
401 such certificate shall be delivered to the applicant and the tax collector
402 of the municipality and the assessor shall keep the fourth copy of such
403 certificate and a copy of the application. Any homeowner who, for the
404 purpose of obtaining a tax reduction under this section, wilfully fails to
405 disclose all matters related thereto or with intent to defraud makes false
406 statement shall refund all property tax credits improperly taken and
407 shall be fined not more than five hundred dollars. Applications filed
408 under this section shall not be open for public inspection.

409 Sec. 17. Subsection (a) of section 12-170f of the general statutes is
410 repealed and the following is substituted in lieu thereof (*Effective October*
411 *1, 2021*):

412 (a) Any renter, believing himself or herself to be entitled to a grant
413 under section 12-170d for any calendar year, shall apply for such grant
414 to the assessor of the municipality in which the renter resides or to the
415 duly authorized agent of such assessor or municipality on or after April
416 first and not later than October first of each year with respect to such
417 grant for the calendar year preceding each such year, on a form
418 prescribed and furnished by the Secretary of the Office of Policy and
419 Management to the assessor. A renter may apply to the secretary prior
420 to December fifteenth of the claim year for an extension of the
421 application period. The secretary may grant such extension in the case
422 of extenuating circumstance due to illness or incapacitation as
423 evidenced by a certificate signed by a physician, physician assistant or
424 an advanced practice registered nurse to that extent, or if the secretary
425 determines there is good cause for doing so. A renter making such
426 application shall present to such assessor or agent, in substantiation of
427 the renter's application, a copy of the renter's federal income tax return,
428 and if not required to file a federal income tax return, such other
429 evidence of qualifying income, receipts for money received, or cancelled
430 checks, or copies thereof, and any other evidence the assessor or such
431 agent may require. When the assessor or agent is satisfied that the
432 applying renter is entitled to a grant, such assessor or agent shall issue
433 a certificate of grant in such form as the secretary may prescribe and
434 supply showing the amount of the grant due.

435 Sec. 18. Subsection (a) of section 12-170w of the general statutes is
436 repealed and the following is substituted in lieu thereof (*Effective October*
437 *1, 2021*):

438 (a) No claim shall be accepted under section 12-170v unless the
439 taxpayer or authorized agent of such taxpayer files an application with
440 the assessor of the municipality in which the property is located, in such
441 form and manner as the assessor may prescribe, during the period from
442 February first to and including May fifteenth of any year in which
443 benefits are first claimed, including such information as is necessary to
444 substantiate such claim in accordance with requirements in such

445 application. A taxpayer may make application to the assessor prior to
446 August fifteenth of the claim year for an extension of the application
447 period. The assessor may grant such extension in the case of extenuating
448 circumstance due to illness or incapacitation as evidenced by a
449 certificate signed by a physician, a physician assistant or an advanced
450 practice registered nurse to that extent, or if the assessor determines
451 there is good cause for doing so. The taxpayer shall present to the
452 assessor a copy of such taxpayer's federal income tax return and the
453 federal income tax return of such taxpayer's spouse, if filed separately,
454 for such taxpayer's taxable year ending immediately prior to the
455 submission of the taxpayer's application, or if not required to file a
456 federal income tax return, such other evidence of qualifying income in
457 respect to such taxable year as the assessor may require. Each such
458 application, together with the federal income tax return and any other
459 information submitted in relation thereto, shall be examined by the
460 assessor and a determination shall be made as to whether the
461 application is approved. Upon determination by the assessor that the
462 applying homeowner is entitled to tax relief in accordance with the
463 provisions of section 12-170v and this section, the assessor shall notify
464 the homeowner and the municipal tax collector of the approval of such
465 application. The municipal tax collector shall determine the maximum
466 amount of the tax due with respect to such homeowner's residence and
467 thereafter the property tax with respect to such homeowner's residence
468 shall not exceed such amount. After a taxpayer's claim for the first year
469 has been filed and approved such taxpayer shall file such an application
470 biennially. In respect to such application required after the filing and
471 approval for the first year the assessor in each municipality shall notify
472 each such taxpayer concerning application requirements by regular mail
473 not later than February first of the assessment year in which such
474 taxpayer is required to reapply, enclosing a copy of the required
475 application form. Such taxpayer may submit such application to the
476 assessor by mail, provided it is received by the assessor not later than
477 April fifteenth in the assessment year with respect to which such tax
478 relief is claimed. Not later than April thirtieth of such year the assessor
479 shall notify, by mail evidenced by a certificate of mailing, any such

480 taxpayer for whom such application was not received by said April
481 fifteenth concerning application requirements and such taxpayer shall
482 submit not later than May fifteenth such application personally or for
483 reasonable cause, by a person acting on behalf of such taxpayer as
484 approved by the assessor.

485 Sec. 19. Subsection (b) of section 14-73 of the general statutes is
486 repealed and the following is substituted in lieu thereof (*Effective October*
487 *1, 2021*):

488 (b) Application for an instructor's license shall be in writing and shall
489 contain such information as the commissioner requires. Each applicant
490 for a license shall be fingerprinted and shall furnish evidence
491 satisfactory to the commissioner that such applicant (1) is of good moral
492 character considering such person's state and national criminal history
493 records checks conducted in accordance with section 29-17a, and record,
494 if any, on the state child abuse and neglect registry established pursuant
495 to section 17a-101k. If any applicant for a license or the renewal of a
496 license has a criminal record or is listed on the state child abuse and
497 neglect registry, the commissioner shall make a determination of
498 whether to issue or renew an instructor's license in accordance with the
499 standards and procedures set forth in section 14-44 and the regulations
500 adopted pursuant to said section; (2) has held a license to drive a motor
501 vehicle for the past four consecutive years and has a driving record
502 satisfactory to the commissioner, including no record of a conviction or
503 administrative license suspension for a drug or alcohol-related offense
504 during such four-year period; (3) has had a recent medical examination
505 by a physician, physician assistant or an advanced practice registered
506 nurse licensed to practice within the state and the physician, physician
507 assistant or advanced practice registered nurse certifies that the
508 applicant is physically fit to operate a motor vehicle and instruct in
509 driving; (4) has received a high school diploma or has an equivalent
510 academic education; and (5) has completed an instructor training course
511 of forty-five clock hours given by a school or agency approved by the
512 commissioner, except that any such course given by an institution under

513 the jurisdiction of the board of trustees of the Connecticut State
514 University System shall be approved by the commissioner and the State
515 Board of Education. During the period of licensure, an instructor shall
516 notify the commissioner, within forty-eight hours, of an arrest or
517 conviction for a misdemeanor or felony, or an arrest, conviction or
518 administrative license suspension for a drug or alcohol-related offense.

519 Sec. 20. Subdivision (2) of subsection (c) of section 14-100a of the
520 general statutes is repealed and the following is substituted in lieu
521 thereof (*Effective October 1, 2021*):

522 (2) The provisions of subdivision (1) of this subsection shall not apply
523 to (A) any person whose physical disability or impairment would
524 prevent restraint in such safety belt, provided such person obtains a
525 written statement from a licensed physician, a licensed physician
526 assistant or a licensed advanced practice registered nurse containing
527 reasons for such person's inability to wear such safety belt and including
528 information concerning the nature and extent of such condition. Such
529 person shall carry the statement on his or her person or in the motor
530 vehicle at all times when it is being operated, or (B) an authorized
531 emergency vehicle, other than fire fighting apparatus, responding to an
532 emergency call or a motor vehicle operated by a rural letter carrier of
533 the United States postal service while performing his or her official
534 duties or by a person engaged in the delivery of newspapers.

535 Sec. 21. Subsection (c) of section 14-286 of the general statutes is
536 repealed and the following is substituted in lieu thereof (*Effective October*
537 *1, 2021*):

538 (c) (1) The Commissioner of Motor Vehicles may issue to a person
539 who does not hold a valid operator's license a special permit that
540 authorizes such person to ride a motor-driven cycle if (A) such person
541 presents to the commissioner a certificate by a physician licensed to
542 practice medicine in this state, a physician assistant licensed pursuant
543 to chapter 370 or an advanced practice registered nurse licensed
544 pursuant to chapter 378 that such person is physically disabled, as

545 defined in section 1-1f, other than blind, and that, in the physician's,
546 physician assistant's or advanced practice registered nurse's opinion,
547 such person is capable of riding a motor-driven cycle, and (B) such
548 person demonstrates to the Commissioner of Motor Vehicles that he is
549 able to ride a bicycle on level terrain, and a motor-driven cycle. (2) Such
550 permit may contain limitations that the commissioner deems advisable
551 for the safety of such person and for the public safety, including, but not
552 limited to, the maximum speed of the motor such person may use. No
553 person who holds a valid special permit under this subsection shall
554 operate a motor-driven cycle in violation of any limitations imposed in
555 the permit. Any person to whom a special permit is issued shall carry
556 the permit at all times while operating the motor-driven cycle. Each
557 permit issued under this subsection shall expire one year from the date
558 of issuance.

559 Sec. 22. Subsection (a) of section 14-314c of the general statutes is
560 repealed and the following is substituted in lieu thereof (*Effective October*
561 *1, 2021*):

562 (a) The Office of the State Traffic Administration, on any state
563 highway, or a local traffic authority, on any highway under its control,
564 shall, upon receipt of an application on behalf of any person under the
565 age of eighteen who is deaf, as certified by a physician, a physician
566 assistant or an advanced practice registered nurse, erect one or more
567 signs in the person's neighborhood to warn motor vehicle operators of
568 the presence of such person.

569 Sec. 23. Subdivision (1) of subsection (b) of section 16-262c of the
570 general statutes is repealed and the following is substituted in lieu
571 thereof (*Effective October 1, 2021*):

572 (b) (1) From November first to May first, inclusive, no electric
573 distribution company, as defined in section 16-1, no electric supplier and
574 no municipal utility furnishing electricity shall terminate, deny or refuse
575 to reinstate residential electric service in hardship cases where the
576 customer lacks the financial resources to pay his or her entire account.

577 From November first to May first, inclusive, no gas company and no
578 municipal utility furnishing gas shall terminate, deny or refuse to
579 reinstate residential gas service in hardship cases where the customer
580 uses such gas for heat and lacks the financial resources to pay his or her
581 entire account, except a gas company that, between May second and
582 October thirty-first, terminated gas service to a residential customer
583 who uses gas for heat and who, during the previous period of
584 November first to May first, had gas service maintained because of
585 hardship status, may refuse to reinstate the gas service from November
586 first to May first, inclusive, only if the customer has failed to pay, since
587 the preceding November first, the lesser of: (A) Twenty per cent of the
588 outstanding principal balance owed the gas company as of the date of
589 termination, (B) one hundred dollars, or (C) the minimum payments
590 due under the customer's amortization agreement. Notwithstanding
591 any other provision of the general statutes to the contrary, no electric
592 distribution or gas company, no electric supplier and no municipal
593 utility furnishing electricity or gas shall terminate, deny or refuse to
594 reinstate residential electric or gas service where the customer lacks the
595 financial resources to pay his or her entire account and for which
596 customer or a member of the customer's household the termination,
597 denial of or failure to reinstate such service would create a life-
598 threatening situation. No electric distribution or gas company, no
599 electric supplier and no municipal utility furnishing electricity or gas
600 shall terminate, deny or refuse to reinstate residential electric or gas
601 service where the customer is a hardship case and lacks the financial
602 resources to pay his or her entire account and a child not more than
603 twenty-four months old resides in the customer's household and such
604 child has been admitted to the hospital and received discharge papers
605 on which the attending physician, physician assistant or an advanced
606 practice registered nurse has indicated such service is a necessity for the
607 health and well-being of such child.

608 Sec. 24. Subsection (b) of section 16-262d of the general statutes is
609 repealed and the following is substituted in lieu thereof (*Effective October*
610 *1, 2021*):

611 (b) No such company, electric supplier or municipal utility shall
612 effect termination of service for nonpayment during such time as any
613 resident of a dwelling to which such service is furnished is seriously ill,
614 if the fact of such serious illness is certified to such company, electric
615 supplier or municipal utility by a registered physician, a physician
616 assistant or an advanced practice registered nurse within such period of
617 time after the mailing of a termination notice pursuant to subsection (a)
618 of this section as the Public Utilities Regulatory Authority may by
619 regulation establish, provided the customer agrees to amortize the
620 unpaid balance of his account over a reasonable period of time and
621 keeps current his account for utility service as charges accrue in each
622 subsequent billing period.

623 Sec. 25. Subsection (a) of section 17a-81 of the general statutes is
624 repealed and the following is substituted in lieu thereof (*Effective October*
625 *1, 2021*):

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

633 Sec. 26. Section 17b-233 of the general statutes is repealed and the
634 following is substituted in lieu thereof (*Effective October 1, 2021*):

635 Newington Children's Hospital may admit any child who is
636 handicapped or afflicted with any pediatric illness upon application of
637 the selectmen of any town, or the guardian or any relative of such child,
638 or any public health agency, physician, physician assistant or advanced
639 practice registered nurse, provided, no person shall be admitted
640 primarily for the treatment of any drug-related condition. Said hospital
641 shall admit such child to said hospital if such child is pronounced by a
642 physician, a physician assistant or an advanced practice registered nurse

643 on the staff of said hospital, after examination, to be suitable for
644 admission, and said hospital shall keep and support such child for such
645 length of time as it deems proper. Said hospital shall not be required to
646 admit any such child unless it can conveniently receive and care for such
647 child at the time application is made and said hospital may return to the
648 town in which such child resides any child so taken who is pronounced
649 by a physician, a physician assistant or an advanced practice registered
650 nurse on the staff of said hospital, after examination, to be unsuitable
651 for retention or who, by reason of improvement in his condition or
652 completion of his treatment or training, ought not to be further retained.
653 The hospital may refuse to admit any child pronounced by a physician,
654 a physician assistant or an advanced practice registered nurse on the
655 staff of said hospital, after examination, to be unsuitable for admission
656 and may refuse to admit any such child when the facilities at the hospital
657 will not, in the judgment of [said] such physician, physician assistant or
658 advanced practice registered nurse, permit the hospital to care for such
659 child adequately and properly.

660 Sec. 27. Section 17b-236 of the general statutes is repealed and the
661 following is substituted in lieu thereof (*Effective October 1, 2021*):

662 When there is found in any town in this state any child of sound mind
663 who is physically disabled or who is afflicted with poliomyelitis or
664 rheumatic fever, or any uncontagious disabling disease, and who is
665 unable to pay and whose relatives who are legally liable for his support
666 are unable to pay the full cost of treating such disease, if such child and
667 one of such relatives reside in this state, the selectmen of such town, or
668 the guardian or any relative of such child, or any public health agency,
669 physician, physician assistant or advanced practice registered nurse in
670 this state, may make application to The Children's Center, located at
671 Hamden, for the admission of such child to said center. Said center shall
672 admit such child if such child is pronounced by a physician, a physician
673 assistant or an advanced practice registered nurse on the staff of said
674 center, after examination, to be fit for admission, and said center shall
675 keep and support such child for such length of time as it deems proper.

676 Said center shall not be required to admit any such child unless it can
677 conveniently receive and care for him at the time such application is
678 made, and said center may return to the town in which such child
679 resides any child so taken who is pronounced by a physician, a
680 physician assistant or an advanced practice registered nurse on the staff
681 of said center, after examination, to be unfit for retention, or who, by
682 reason of improvement in his condition or completion of his treatment
683 or training, ought not to be further retained. The center may refuse to
684 admit any child who is pronounced by a physician, a physician assistant
685 or an advanced practice registered nurse on the staff of said center, after
686 examination, to be unfit for admission, and may refuse to admit any
687 such child when the facilities at the center will not, in the judgment of
688 [said] such physician, physician assistant or advanced practice
689 registered nurse, permit the center to care for such child adequately and
690 properly.

691 Sec. 28. Subsection (f) of section 17b-261p of the general statutes is
692 repealed and the following is substituted in lieu thereof (*Effective October*
693 *1, 2021*):

694 (f) (1) A nursing home, on behalf of an applicant, may request an
695 extension of time to claim undue hardship pursuant to subsections (b)
696 and (e) of this section if (A) the applicant is receiving long-term care
697 services in such nursing home, (B) the applicant has no legal
698 representative, and (C) the nursing home provides certification from a
699 physician, a physician assistant or an advanced practice registered nurse
700 that the applicant is incapable of caring for himself or herself, as defined
701 in section 45a-644, or incapable of managing his or her affairs, as defined
702 in section 45a-644. The commissioner shall grant such request to allow a
703 legal representative to be appointed to act on behalf of the applicant.

704 (2) The commissioner shall accept any claim filed pursuant to
705 subsection (b) of this section by a nursing home and allow the nursing
706 home to represent the applicant with regard to such claim if the
707 applicant or the legal representative of the applicant gives permission
708 to the nursing home to file a claim pursuant to subsection (b) of this

709 section.

710 Sec. 29. Section 17b-278d of the general statutes is repealed and the
711 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

722 Sec. 30. Section 18-94 of the general statutes is repealed and the
723 following is substituted in lieu thereof (*Effective October 1, 2021*):

724 When the medical officer of, or any physician, physician assistant or
725 advanced practice registered nurse employed in, any correctional or
726 charitable institution reports in writing to the warden, superintendent
727 or other officer in charge of such institution that any inmate thereof
728 committed thereto by any court or supported therein in whole or in part
729 at public expense is afflicted with any sexually transmitted disease so
730 that such inmate's discharge from such institution would be dangerous
731 to the public health, such inmate shall, with the approval of such
732 warden, superintendent or other officer in charge, be detained in such
733 institution until such medical officer, physician, physician assistant or
734 advanced practice registered nurse reports in writing to the warden,
735 superintendent or officer in charge of such institution that such inmate
736 may be discharged therefrom without danger to the public health.
737 During detention the person so detained shall be supported in the same
738 manner as before such detention.

739 Sec. 31. Section 19a-2a of the general statutes is repealed and the

740 following is substituted in lieu thereof (*Effective October 1, 2021*):

741 The Commissioner of Public Health shall employ the most efficient
742 and practical means for the prevention and suppression of disease and
743 shall administer all laws under the jurisdiction of the Department of
744 Public Health and the Public Health Code. The commissioner shall have
745 responsibility for the overall operation and administration of the
746 Department of Public Health. The commissioner shall have the power
747 and duty to: (1) Administer, coordinate and direct the operation of the
748 department; (2) adopt and enforce regulations, in accordance with
749 chapter 54, as are necessary to carry out the purposes of the department
750 as established by statute; (3) establish rules for the internal operation
751 and administration of the department; (4) establish and develop
752 programs and administer services to achieve the purposes of the
753 department as established by statute; (5) enter into a contract, including,
754 but not limited to, a contract with another state, for facilities, services
755 and programs to implement the purposes of the department as
756 established by statute; (6) designate a deputy commissioner or other
757 employee of the department to sign any license, certificate or permit
758 issued by said department; (7) conduct a hearing, issue subpoenas,
759 administer oaths, compel testimony and render a final decision in any
760 case when a hearing is required or authorized under the provisions of
761 any statute dealing with the Department of Public Health; (8) with the
762 health authorities of this and other states, secure information and data
763 concerning the prevention and control of epidemics and conditions
764 affecting or endangering the public health, and compile such
765 information and statistics and shall disseminate among health
766 authorities and the people of the state such information as may be of
767 value to them; (9) annually issue a list of reportable diseases, emergency
768 illnesses and health conditions and a list of reportable laboratory
769 findings and amend such lists as the commissioner deems necessary and
770 distribute such lists as well as any necessary forms to each licensed
771 physician, licensed physician assistant, licensed advanced practice
772 registered nurse and clinical laboratory in this state. The commissioner
773 shall prepare printed forms for reports and returns, with such

774 instructions as may be necessary, for the use of directors of health,
775 boards of health and registrars of vital statistics; and (10) specify
776 uniform methods of keeping statistical information by public and
777 private agencies, organizations and individuals, including a client
778 identifier system, and collect and make available relevant statistical
779 information, including the number of persons treated, frequency of
780 admission and readmission, and frequency and duration of treatment.
781 The client identifier system shall be subject to the confidentiality
782 requirements set forth in section 17a-688 and regulations adopted
783 thereunder. The commissioner may designate any person to perform
784 any of the duties listed in subdivision (7) of this section. The
785 commissioner shall have authority over directors of health and may, for
786 cause, remove any such director; but any person claiming to be
787 aggrieved by such removal may appeal to the Superior Court which
788 may affirm or reverse the action of the commissioner as the public
789 interest requires. The commissioner shall assist and advise local
790 directors of health and district directors of health in the performance of
791 their duties, and may require the enforcement of any law, regulation or
792 ordinance relating to public health. In the event the commissioner
793 reasonably suspects impropriety on the part of a local director of health
794 or district director of health, or employee of such director, in the
795 performance of his or her duties, the commissioner shall provide
796 notification and any evidence of such impropriety to the appropriate
797 governing authority of the municipal health authority, established
798 pursuant to section 19a-200, or the district department of health,
799 established pursuant to section 19a-244, for purposes of reviewing and
800 assessing a director's or an employee's compliance with such duties.
801 Such governing authority shall provide a written report of its findings
802 from the review and assessment to the commissioner not later than
803 ninety days after such review and assessment. When requested by local
804 directors of health or district directors of health, the commissioner shall
805 consult with them and investigate and advise concerning any condition
806 affecting public health within their jurisdiction. The commissioner shall
807 investigate nuisances and conditions affecting, or that he or she has
808 reason to suspect may affect, the security of life and health in any

809 locality and, for that purpose, the commissioner, or any person
810 authorized by the commissioner, may enter and examine any ground,
811 vehicle, apartment, building or place, and any person designated by the
812 commissioner shall have the authority conferred by law upon
813 constables. Whenever the commissioner determines that any provision
814 of the general statutes or regulation of the Public Health Code is not
815 being enforced effectively by a local health department or health district,
816 he or she shall forthwith take such measures, including the performance
817 of any act required of the local health department or health district, to
818 ensure enforcement of such statute or regulation and shall inform the
819 local health department or health district of such measures. In
820 September of each year the commissioner shall certify to the Secretary
821 of the Office of Policy and Management the population of each
822 municipality. The commissioner may solicit and accept for use any gift
823 of money or property made by will or otherwise, and any grant of or
824 contract for money, services or property from the federal government,
825 the state, any political subdivision thereof, any other state or any private
826 source, and do all things necessary to cooperate with the federal
827 government or any of its agencies in making an application for any grant
828 or contract. The commissioner may establish state-wide and regional
829 advisory councils. For purposes of this section, "employee of such
830 director" means an employee of, a consultant employed or retained by
831 or an independent contractor retained by a local director of health, a
832 district director of health, a local health department or a health district.

833 Sec. 32. Subsection (a) of section 19a-26 of the general statutes is
834 repealed and the following is substituted in lieu thereof (*Effective October*
835 *1, 2021*):

836 (a) The Department of Public Health may establish, maintain and
837 control state laboratories to perform examinations of supposed morbid
838 tissues, other laboratory tests for the diagnosis and control of
839 preventable diseases, and laboratory work in the field of sanitation,
840 environmental and occupational testing and research studies for the
841 protection and preservation of the public health. Such laboratory

842 services shall be performed upon the application of licensed physicians,
843 other laboratories, licensed dentists, licensed podiatrists, licensed
844 physician assistants, licensed advanced practice registered nurses, local
845 directors of health, public utilities or state departments or institutions,
846 subject to regulations prescribed by the Commissioner of Public Health,
847 and upon payment of any applicable fee as provided in this subsection.
848 For such purposes the department may provide necessary buildings and
849 apparatus, employ, subject to the provisions of chapter 67,
850 administrative and scientific personnel and assistants and do all things
851 necessary for the conduct of such laboratories. The Commissioner of
852 Public Health may establish a schedule of fees, provided the
853 commissioner waives the fees for local directors of health and local law
854 enforcement agencies. If the commissioner establishes a schedule of fees,
855 the commissioner may waive (1) the fees, in full or in part, for others if
856 the commissioner determines that the public health requires a waiver,
857 and (2) fees for chlamydia and gonorrhea testing for nonprofit
858 organizations and institutions of higher education if the organization or
859 institution provides combination chlamydia and gonorrhea test kits.
860 The commissioner shall also establish a fair handling fee which a client
861 of a state laboratory may charge a person or third party payer for
862 arranging for the services of the laboratory. Such client shall not charge
863 an amount in excess of such handling fee.

864 Sec. 33. Section 19a-264 of the general statutes is repealed and the
865 following is substituted in lieu thereof (*Effective October 1, 2021*):

866 The local director of health shall transmit to any physician, physician
867 assistant or advanced practice registered nurse reporting a case or
868 suspected case of tuberculosis as provided in section 19a-262, a printed
869 statement describing such procedure and precautions as are deemed
870 necessary or advisable to be taken on the premises occupied by a
871 tuberculosis patient, and such precautions shall be communicated to the
872 family of the patient. Any physician licensed pursuant to chapter 370,
873 physician assistant licensed pursuant to chapter 370 or advanced
874 practice registered nurse licensed pursuant to chapter 378, who wilfully

875 makes any false statements in the reports provided for in said section,
876 and any person violating any of the provisions of said section, shall be
877 fined not less than five dollars nor more than fifty dollars or imprisoned
878 not more than six months or be both fined and imprisoned.

879 Sec. 34. Subsection (b) of section 19a-535 of the general statutes is
880 repealed and the following is substituted in lieu thereof (*Effective October*
881 *1, 2021*):

882 (b) A facility shall not transfer or discharge a resident from the facility
883 except to meet the welfare of the resident which cannot be met in the
884 facility, or unless the resident no longer needs the services of the facility
885 due to improved health, the facility is required to transfer the resident
886 pursuant to section 17b-359 or 17b-360, or the health or safety of
887 individuals in the facility is endangered, or in the case of a self-pay
888 resident, for the resident's nonpayment or arrearage of more than fifteen
889 days of the per diem facility room rate, or the facility ceases to operate.
890 In each case the basis for transfer or discharge shall be documented in
891 the resident's medical record by a physician, a physician assistant or an
892 advanced practice registered nurse. In each case where the welfare,
893 health or safety of the resident is concerned the documentation shall be
894 by the resident's physician, physician assistant or [the resident's]
895 advanced practice registered nurse. A facility that is part of a continuing
896 care facility which guarantees life care for its residents may transfer or
897 discharge (1) a self-pay resident who is a member of the continuing care
898 community and who has intentionally transferred assets in a sum that
899 will render the resident unable to pay the costs of facility care in
900 accordance with the contract between the resident and the facility, or (2)
901 a self-pay resident who is not a member of the continuing care
902 community and who has intentionally transferred assets in a sum that
903 will render the resident unable to pay the costs of a total of forty-two
904 months of facility care from the date of initial admission to the facility.

905 Sec. 35. Subsection (e) of section 19a-535 of the general statutes is
906 repealed and the following is substituted in lieu thereof (*Effective October*
907 *1, 2021*):

908 (e) Except in an emergency or in the case of transfer to a hospital, no
909 resident shall be transferred or discharged from a facility unless a
910 discharge plan has been developed by the personal physician, physician
911 assistant or advanced practice registered nurse of the resident or the
912 medical director in conjunction with the nursing director, social worker
913 or other health care provider. To minimize the disruptive effects of the
914 transfer or discharge on the resident, the person responsible for
915 developing the plan shall consider the feasibility of placement near the
916 resident's relatives, the acceptability of the placement to the resident and
917 the resident's guardian or conservator, if any, or the resident's legally
918 liable relative or other responsible party, if known, and any other
919 relevant factors that affect the resident's adjustment to the move. The
920 plan shall contain a written evaluation of the effects of the transfer or
921 discharge on the resident and a statement of the action taken to
922 minimize such effects. In addition, the plan shall outline the care and
923 kinds of services that the resident shall receive upon transfer or
924 discharge. Not less than thirty days prior to an involuntary transfer or
925 discharge, a copy of the discharge plan shall be provided to the
926 resident's personal physician, physician assistant or advanced practice
927 registered nurse if the discharge plan was prepared by the medical
928 director, to the resident and the resident's guardian or conservator, if
929 any, or legally liable relative or other responsible party, if known.

930 Sec. 36. Subsection (a) of section 19a-550 of the general statutes is
931 repealed and the following is substituted in lieu thereof (*Effective October*
932 *1, 2021*):

933 (a) (1) As used in this section, (A) "nursing home facility" has the same
934 meaning as provided in section 19a-521, (B) "residential care home" has
935 the same meaning as provided in section 19a-521, and (C) "chronic
936 disease hospital" means a long-term hospital having facilities, medical
937 staff and all necessary personnel for the diagnosis, care and treatment
938 of chronic diseases; and (2) for the purposes of subsections (c) and (d) of
939 this section, and subsection (b) of section 19a-537, "medically
940 contraindicated" means a comprehensive evaluation of the impact of a

941 potential room transfer on the patient's physical, mental and
942 psychosocial well-being, which determines that the transfer would
943 cause new symptoms or exacerbate present symptoms beyond a
944 reasonable adjustment period resulting in a prolonged or significant
945 negative outcome that could not be ameliorated through care plan
946 intervention, as documented by a physician, a physician assistant or an
947 advanced practice registered nurse in a patient's medical record.

948 Sec. 37. Subsections (a) to (c), inclusive, of section 19a-571 of the
949 general statutes are repealed and the following is substituted in lieu
950 thereof (*Effective October 1, 2021*):

951 (a) Subject to the provisions of subsection (c) of this section, any
952 physician licensed under chapter 370, any physician assistant licensed
953 under chapter 370, any advanced practice registered nurse licensed
954 under chapter 378 or any licensed medical facility who or which
955 withholds, removes or causes the removal of a life support system of an
956 incapacitated patient shall not be liable for damages in any civil action
957 or subject to prosecution in any criminal proceeding for such
958 withholding or removal, provided (1) the decision to withhold or
959 remove such life support system is based on the best medical judgment
960 of the attending physician, physician assistant or advanced practice
961 registered nurse in accordance with the usual and customary standards
962 of medical practice; (2) the attending physician, physician assistant or
963 advanced practice registered nurse deems the patient to be in a terminal
964 condition or, in consultation with a physician qualified to make a
965 neurological diagnosis who has examined the patient, deems the patient
966 to be permanently unconscious; and (3) the attending physician,
967 physician assistant or advanced practice registered nurse has
968 considered the patient's wishes concerning the withholding or
969 withdrawal of life support systems. In the determination of the wishes
970 of the patient, the attending physician, physician assistant or advanced
971 practice registered nurse shall consider the wishes as expressed by a
972 document executed in accordance with sections 19a-575 and 19a-575a, if
973 any such document is presented to, or in the possession of, the attending

974 physician, physician assistant or advanced practice registered nurse at
975 the time the decision to withhold or terminate a life support system is
976 made. If the wishes of the patient have not been expressed in a living
977 will the attending physician, physician assistant or advanced practice
978 registered nurse shall determine the wishes of the patient by consulting
979 any statement made by the patient directly to the attending physician,
980 physician assistant or advanced practice registered nurse and, if
981 available, the patient's health care representative, the patient's next of
982 kin, the patient's legal guardian or conservator, if any, any person
983 designated by the patient in accordance with section 1-56r and any other
984 person to whom the patient has communicated his or her wishes, if the
985 attending physician, physician assistant or advanced practice registered
986 nurse has knowledge of such person. All persons acting on behalf of the
987 patient shall act in good faith. If the attending physician, physician
988 assistant or advanced practice registered nurse does not deem the
989 incapacitated patient to be in a terminal condition or permanently
990 unconscious, beneficial medical treatment including nutrition and
991 hydration [must] shall be provided.

992 (b) A physician qualified to make a neurological diagnosis who is
993 consulted by the attending physician, physician assistant or advanced
994 practice registered nurse pursuant to subdivision (2) of subsection (a) of
995 this section shall not be liable for damages or subject to criminal
996 prosecution for any determination made in accordance with the usual
997 and customary standards of medical practice.

998 (c) In the case of an infant, as defined in 45 CFR 1340.15 (b), the
999 physician, physician assistant, advanced practice registered nurse or
1000 licensed medical facility shall comply with the provisions of 45 CFR
1001 1340.15 (b)(2) in addition to the provisions of subsection (a) of this
1002 section.

1003 Sec. 38. Section 19a-580 of the general statutes is repealed and the
1004 following is substituted in lieu thereof (*Effective October 1, 2021*):

1005 Within a reasonable time prior to withholding or causing the removal

1006 of any life support system pursuant to sections 19a-570, 19a-571, as
1007 amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, the
1008 attending physician, physician assistant or advanced practice registered
1009 nurse shall make reasonable efforts to notify the individual's health care
1010 representative, next-of-kin, legal guardian, conservator or person
1011 designated in accordance with section 1-56r, if available.

1012 Sec. 39. Subdivision (12) of section 19a-581 of the general statutes is
1013 repealed and the following is substituted in lieu thereof (*Effective October*
1014 *1, 2021*):

1015 (12) "Health care provider" means any physician, physician assistant,
1016 dentist, nurse, provider of services for persons with psychiatric
1017 disabilities or persons with intellectual disability or other person
1018 involved in providing medical, nursing, counseling, or other health
1019 care, substance abuse or mental health service, including such services
1020 associated with, or under contract to, a health maintenance organization
1021 or medical services plan;

1022 Sec. 40. Subdivisions (5) to (7), inclusive, of subsection (d) of section
1023 19a-582 of the general statutes are repealed and the following is
1024 substituted in lieu thereof (*Effective October 1, 2021*):

1025 (5) In cases where a health care provider or other person, including
1026 volunteer emergency medical services, fire and public safety personnel,
1027 in the course of his or her occupational duties has had a significant
1028 exposure, provided the following criteria are met: (A) The worker is able
1029 to document significant exposure during performance of his or her
1030 occupation, (B) the worker completes an incident report within forty-
1031 eight hours of exposure identifying the parties to the exposure,
1032 witnesses, time, place and nature of the event, (C) the worker submits
1033 to a baseline HIV test within seventy-two hours of the exposure and is
1034 negative on that test, (D) the patient's or person's physician, physician
1035 assistant or advanced practice registered nurse or, if the patient or
1036 person does not have a personal physician, physician assistant or
1037 advanced practice registered nurse or if the patient's or person's

1038 physician, physician assistant or advanced practice registered nurse is
1039 unavailable, another physician, physician assistant, advanced practice
1040 registered nurse or health care provider has approached the patient or
1041 person and sought voluntary consent and the patient or person has
1042 refused to consent to testing, except in an exposure where the patient or
1043 person is deceased, (E) an exposure evaluation group determines that
1044 the criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this
1045 subdivision are met and that the worker has a significant exposure to
1046 the blood of a patient or person and the patient or person, or the patient's
1047 or person's legal guardian, refuses to grant informed consent for an HIV
1048 test. If the patient or person is under the care or custody of the health
1049 facility, correctional facility or other institution and a sample of the
1050 patient's blood is available, said blood shall be tested. If no sample of
1051 blood is available, and the patient is under the care or custody of a health
1052 facility, correctional facility or other institution, the patient shall have a
1053 blood sample drawn at the health facility, correctional facility or other
1054 institution and tested. No member of the exposure evaluation group
1055 who determines that a worker has sustained a significant exposure and
1056 authorized the HIV testing of a patient or other person, nor the health
1057 facility, correctional facility or other institution, nor any person in a
1058 health facility or other institution who relies in good faith on the group's
1059 determination and performs that test shall have any liability as a result
1060 of his or her action carried out pursuant to this section, unless such
1061 person acted in bad faith. If the patient or person is not under the care
1062 or custody of a health facility, correctional facility or other institution
1063 and a physician, a physician assistant or an advanced practice registered
1064 nurse not directly involved in the exposure certifies in writing that the
1065 criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this
1066 subdivision are met and that a significant exposure has occurred, the
1067 worker may seek a court order for testing pursuant to subdivision (8) of
1068 this subsection, (F) the worker would be able to take meaningful
1069 immediate action, if results are known that could not otherwise be
1070 taken, as defined in regulations adopted pursuant to section 19a-589, (G)
1071 the fact that an HIV test was given as a result of an accidental exposure
1072 and the results of that test shall not appear in a patient's or person's

1073 medical record unless such test result is relevant to the medical care the
1074 person is receiving at that time in a health facility or correctional facility
1075 or other institution, (H) the counseling described in subsection (c) of this
1076 section shall be provided but the patient or person may choose not to be
1077 informed about the result of the test, and (I) the cost of the HIV test shall
1078 be borne by the employer of the potentially exposed worker;

1079 (6) In facilities operated by the Department of Correction if the facility
1080 physician, physician assistant or advanced practice registered nurse
1081 determines that testing is needed for diagnostic purposes, to determine
1082 the need for treatment or medical care specific to an HIV-related illness,
1083 including prophylactic treatment of HIV infection to prevent further
1084 progression of disease, provided no reasonable alternative exists that
1085 will achieve the same goal;

1086 (7) In facilities operated by the Department of Correction if the facility
1087 physician, physician assistant or advanced practice registered nurse and
1088 chief administrator of the facility determine that the behavior of the
1089 inmate poses a significant risk of transmission to another inmate or has
1090 resulted in a significant exposure of another inmate of the facility and
1091 no reasonable alternative exists that will achieve the same goal. No
1092 involuntary testing shall take place pursuant to this subdivision and
1093 subdivision (6) of this subsection until reasonable effort has been made
1094 to secure informed consent. When testing without consent takes place
1095 pursuant to this subdivision and subdivision (6) of this subsection, the
1096 counseling referrals and notification of test results described in
1097 subsection (c) of this section shall, nonetheless, be provide;

1098 Sec. 41. Subsection (a) of section 19a-592 of the general statutes is
1099 repealed and the following is substituted in lieu thereof (*Effective October*
1100 *1, 2021*):

1101 (a) Any licensed physician, physician assistant or advanced practice
1102 registered nurse may examine and provide prophylaxis or treatment for
1103 human immunodeficiency virus infection, or acquired immune
1104 deficiency syndrome for a minor, only with the consent of the parents

1105 or guardian of the minor unless the physician, physician assistant or
1106 advanced practice registered nurse determines that notification of the
1107 parents or guardian of the minor will result in prophylaxis or treatment
1108 being denied or the physician, physician assistant or advanced practice
1109 registered nurse determines the minor will not seek, pursue or continue
1110 prophylaxis or treatment if the parents or guardian are notified and the
1111 minor requests that his or her parents or guardian not be notified. The
1112 physician, physician assistant or advanced practice registered nurse
1113 shall fully document the reasons for the determination to provide
1114 prophylaxis or treatment without the consent or notification of the
1115 parents or guardian of the minor and shall include such documentation,
1116 signed by the minor, in the minor's clinical record. The fact of
1117 consultation, examination and prophylaxis or treatment of a minor
1118 under the provisions of this section shall be confidential and shall not
1119 be divulged without the minor's consent, including the sending of a bill
1120 for the services to any person other than the minor until the physician,
1121 physician assistant or advanced practice registered nurse consults with
1122 the minor regarding the sending of a bill, except (1) for purposes of any
1123 report made pursuant to section 19a-215, or (2) if the minor is twelve
1124 years of age or younger, the physician, physician assistant or advanced
1125 practice registered nurse shall report the name, age and address of the
1126 minor to the Commissioner of Children and Families, or the
1127 commissioner's designee, who shall classify and evaluate such report
1128 pursuant to the provisions of section 17a-101g. As used in this
1129 subsection, "prophylaxis" means the use of medication, but does not
1130 include the administration of any vaccine, to prevent disease.

1131 Sec. 42. Section 20-14m of the general statutes is repealed and the
1132 following is substituted in lieu thereof (*Effective October 1, 2021*):

1133 (a) As used in this section, (1) "long-term antibiotic therapy" means
1134 the administration of oral, intramuscular or intravenous antibiotics,
1135 singly or in combination, for periods of time in excess of four weeks; and
1136 (2) "Lyme disease" means the clinical diagnosis by a physician, licensed
1137 in accordance with chapter 370, a physician assistant, licensed in

1138 accordance with chapter 370, or an advanced practice registered nurse,
1139 licensed in accordance with chapter 378, of the presence in a patient of
1140 signs or symptoms compatible with acute infection with borrelia
1141 burgdorferi; or with late stage or persistent or chronic infection with
1142 borrelia burgdorferi, or with complications related to such an infection;
1143 or such other strains of borrelia that, on and after July 1, 2009, are
1144 recognized by the National Centers for Disease Control and Prevention
1145 as a cause of Lyme disease. Lyme disease includes an infection that
1146 meets the surveillance criteria set forth by the National Centers for
1147 Disease Control and Prevention, and other acute and chronic
1148 manifestations of such an infection as determined by a physician,
1149 licensed in accordance with [the provisions of] chapter 370, a physician
1150 assistant, licensed in accordance with chapter 370, or an advanced
1151 practice registered nurse, licensed in accordance with chapter 378,
1152 pursuant to a clinical diagnosis that is based on knowledge obtained
1153 through medical history and physical examination alone, or in
1154 conjunction with testing that provides supportive data for such clinical
1155 diagnosis.

1156 (b) On and after July 1, 2009, a licensed physician, a licensed
1157 physician assistant or a licensed advanced practice registered nurse may
1158 prescribe, administer or dispense long-term antibiotic therapy to a
1159 patient for a therapeutic purpose that eliminates such infection or
1160 controls a patient's symptoms upon making a clinical diagnosis that
1161 such patient has Lyme disease or displays symptoms consistent with a
1162 clinical diagnosis of Lyme disease, provided such clinical diagnosis and
1163 treatment are documented in the patient's medical record by such
1164 licensed physician, licensed physician assistant or licensed advanced
1165 practice registered nurse. Notwithstanding the provisions of sections
1166 20-8a and 20-13e, on and after said date, the Department of Public
1167 Health shall not initiate a disciplinary action against a licensed
1168 physician, a licensed physician assistant or a licensed advanced practice
1169 registered nurse and such physician, physician assistant or advanced
1170 practice registered nurse shall not be subject to disciplinary action by
1171 the Connecticut Medical Examining Board or the Connecticut State

1172 Board of Examiners for Nursing solely for prescribing, administering or
1173 dispensing long-term antibiotic therapy to a patient clinically diagnosed
1174 with Lyme disease, provided such clinical diagnosis and treatment has
1175 been documented in the patient's medical record by such licensed
1176 physician, licensed physician assistant or licensed advanced practice
1177 registered nurse.

1178 (c) Nothing in this section shall prevent the Connecticut Medical
1179 Examining Board or the Connecticut State Board of Examiners for
1180 Nursing from taking disciplinary action for other reasons against a
1181 licensed physician, a licensed physician assistant or a licensed advanced
1182 practice registered nurse, pursuant to section 19a-17, or from entering
1183 into a consent order with such physician, physician assistant or
1184 advanced practice registered nurse pursuant to subsection (c) of section
1185 4-177. Subject to the limitation set forth in subsection (b) of this section,
1186 for purposes of this section, the Connecticut Medical Examining Board
1187 may take disciplinary action against a licensed physician if there is any
1188 violation of the provisions of section 20-13c or a physician assistant if
1189 there is any violation of the provisions of section 20-12f and the
1190 Connecticut Board of Examiners for Nursing may take disciplinary
1191 action against a licensed advanced practice registered nurse in
1192 accordance with the provisions of section 20-99.

1193 Sec. 43. Subsection (e) of section 20-41a of the general statutes is
1194 repealed and the following is substituted in lieu thereof (*Effective October*
1195 *1, 2021*):

1196 (e) In individual cases involving medical disability or illness, the
1197 commissioner may, in the commissioner's discretion, grant a waiver of
1198 the continuing education requirements or an extension of time within
1199 which to fulfill the continuing education requirements of this section to
1200 any licensee, provided the licensee submits to the department an
1201 application for waiver or extension of time on a form prescribed by the
1202 department, along with a certification by a licensed physician, a licensed
1203 physician assistant or a licensed advanced practice registered nurse of
1204 the disability or illness and such other documentation as may be

1205 required by the commissioner. The commissioner may grant a waiver or
1206 extension for a period not to exceed one registration period, except that
1207 the commissioner may grant additional waivers or extensions if the
1208 medical disability or illness upon which a waiver or extension is granted
1209 continues beyond the period of the waiver or extension and the licensee
1210 applies for an additional waiver or extension.

1211 Sec. 44. Subsection (c) of section 20-73b of the general statutes is
1212 repealed and the following is substituted in lieu thereof (*Effective October*
1213 *1, 2021*):

1214 (c) The continuing education requirements shall be waived for
1215 licensees applying for licensure renewal for the first time. The
1216 department may, for a licensee who has a medical disability or illness,
1217 grant a waiver of the continuing education requirements or may grant
1218 the licensee an extension of time in which to fulfill the requirements,
1219 provided the licensee submits to the Department of Public Health an
1220 application for waiver or extension of time on a form prescribed by said
1221 department, along with a certification by a licensed physician, a licensed
1222 physician assistant or a licensed advanced practice registered nurse of
1223 the disability or illness and such other documentation as may be
1224 required by said department. The Department of Public Health may
1225 grant a waiver or extension for a period not to exceed one registration
1226 period, except that said department may grant additional waivers or
1227 extensions if the medical disability or illness upon which a waiver or
1228 extension is granted continues beyond the period of the waiver or
1229 extension and the licensee applies to said department for an additional
1230 waiver or extension.

1231 Sec. 45. Subsection (f) of section 20-74ff of the general statutes is
1232 repealed and the following is substituted in lieu thereof (*Effective October*
1233 *1, 2021*):

1234 (f) In individual cases involving medical disability or illness, the
1235 commissioner may, in the commissioner's discretion, grant a waiver of
1236 the continuing education requirements or an extension of time within

1237 which to fulfill the continuing education requirements of this section to
1238 any licensee, provided the licensee submits to the department an
1239 application for waiver or extension of time on a form prescribed by the
1240 department, along with a certification by a licensed physician, a licensed
1241 physician assistant or a licensed advanced practice registered nurse of
1242 the disability or illness and such other documentation as may be
1243 required by the commissioner. The commissioner may grant a waiver or
1244 extension for a period not to exceed one registration period, except that
1245 the commissioner may grant additional waivers or extensions if the
1246 medical disability or illness upon which a waiver or extension is granted
1247 continues beyond the period of the waiver or extension and the licensee
1248 applies for an additional waiver or extension.

1249 Sec. 46. Subsection (f) of section 20-126c of the general statutes is
1250 repealed and the following is substituted in lieu thereof (*Effective October*
1251 *1, 2021*):

1252 (f) In individual cases involving medical disability or illness, the
1253 commissioner may, in the commissioner's discretion, grant a waiver of
1254 the continuing education requirements or an extension of time within
1255 which to fulfill the continuing education requirements of this section to
1256 any licensee, provided the licensee submits to the department an
1257 application for waiver or extension of time on a form prescribed by the
1258 department, along with a certification by a licensed physician, a licensed
1259 physician assistant or a licensed advanced practice registered nurse of
1260 the disability or illness and such other documentation as may be
1261 required by the commissioner. The commissioner may grant a waiver or
1262 extension for a period not to exceed one registration period, except that
1263 the commissioner may grant additional waivers or extensions if the
1264 medical disability or illness upon which a waiver or extension is granted
1265 continues beyond the period of the waiver or extension and the licensee
1266 applies for an additional waiver or extension.

1267 Sec. 47. Subsection (i) of section 20-126l of the general statutes is
1268 repealed and the following is substituted in lieu thereof (*Effective October*
1269 *1, 2021*):

1270 (i) In individual cases involving medical disability or illness, the
1271 Commissioner of Public Health may grant a waiver of the continuing
1272 education requirements or an extension of time within which to fulfill
1273 the requirements of this subsection to any licensee, provided the
1274 licensee submits to the Department of Public Health an application for
1275 waiver or extension of time on a form prescribed by the commissioner,
1276 along with a certification by a licensed physician, a licensed physician
1277 assistant or a licensed advanced practice registered nurse of the
1278 disability or illness and such other documentation as may be required
1279 by the commissioner. The commissioner may grant a waiver or
1280 extension for a period not to exceed one registration period, except the
1281 commissioner may grant additional waivers or extensions if the medical
1282 disability or illness upon which a waiver or extension is granted
1283 continues beyond the period of the waiver or extension and the licensee
1284 applies for an additional waiver or extension.

1285 Sec. 48. Subsection (e) of section 20-132a of the general statutes is
1286 repealed and the following is substituted in lieu thereof (*Effective October*
1287 *1, 2021*):

1288 (e) In individual cases involving medical disability or illness, the
1289 Commissioner of Public Health may grant a waiver of the continuing
1290 education requirements or an extension of time within which to fulfill
1291 the requirements of this section to any licensee, provided the licensee
1292 submits to the department an application for waiver or extension of time
1293 on a form prescribed by the commissioner, along with a certification by
1294 a licensed physician, a licensed physician assistant or a licensed
1295 advanced practice registered nurse of the disability or illness and such
1296 other documentation as may be required by the commissioner. The
1297 commissioner may grant a waiver or extension for a period not to exceed
1298 one registration period, except that the commissioner may grant
1299 additional waivers or extensions if the medical disability or illness upon
1300 which a waiver or extension is granted continues beyond the period of
1301 the waiver or extension and the licensee applies for an additional waiver
1302 or extension.

1303 Sec. 49. Subsection (e) of section 20-162r of the general statutes is
1304 repealed and the following is substituted in lieu thereof (*Effective October*
1305 *1, 2021*):

1306 (e) In individual cases involving medical disability or illness, the
1307 commissioner may, in the commissioner's discretion, grant a waiver of
1308 the continuing education requirements or an extension of time within
1309 which to fulfill the continuing education requirements of this section to
1310 any licensee, provided the licensee submits to the department an
1311 application for waiver or extension of time on a form prescribed by the
1312 department, along with a certification by a licensed physician, a licensed
1313 physician assistant or a licensed advanced practice registered nurse of
1314 the disability or illness and such other documentation as may be
1315 required by the commissioner. The commissioner may grant a waiver or
1316 extension for a period not to exceed one registration period, except that
1317 the commissioner may grant additional waivers or extensions if the
1318 medical disability or illness upon which a waiver or extension is granted
1319 continues beyond the period of the waiver or extension and the licensee
1320 applies for an additional waiver or extension.

1321 Sec. 50. Subsection (d) of section 20-191c of the general statutes is
1322 repealed and the following is substituted in lieu thereof (*Effective October*
1323 *1, 2021*):

1324 (d) A licensee applying for license renewal for the first time shall be
1325 exempt from the continuing education requirements under subsection
1326 (a) of this section. In individual cases involving medical disability or
1327 illness, the Commissioner of Public Health may grant a waiver of the
1328 continuing education requirements or an extension of time within
1329 which to fulfill the continuing education requirements of this section to
1330 any licensee, provided the licensee submits to the department an
1331 application for waiver or extension of time on a form prescribed by the
1332 commissioner, along with a certification by a licensed physician, a
1333 licensed physician assistant or a licensed advanced practice registered
1334 nurse of the disability or illness and such other documentation as may
1335 be required by the commissioner. The commissioner may grant a waiver

1336 or extension for a period not to exceed one registration period, except
1337 the commissioner may grant additional waivers or extensions if the
1338 medical disability or illness upon which a waiver or extension is granted
1339 continues beyond the period of the waiver or extension and the licensee
1340 applies for an additional waiver or extension. The commissioner may
1341 grant a waiver of the continuing education requirements to a licensee
1342 who is not engaged in active professional practice, in any form, during
1343 a registration period, provided the licensee submits a notarized
1344 application on a form prescribed by the commissioner prior to the end
1345 of the registration period. A licensee who is granted a waiver under the
1346 provisions of this subsection may not engage in professional practice
1347 until the licensee has met the continuing education requirements of this
1348 section.

1349 Sec. 51. Subsection (f) of section 20-201a of the general statutes is
1350 repealed and the following is substituted in lieu thereof (*Effective October*
1351 *1, 2021*):

1352 (f) In individual cases involving medical disability or illness, the
1353 commissioner may, in the commissioner's discretion, grant a waiver of
1354 the continuing education requirements or an extension of time within
1355 which to fulfill the continuing education requirements of this section to
1356 any licensee, provided the licensee submits to the department an
1357 application for waiver or extension of time on a form prescribed by the
1358 department, along with a certification by a licensed physician, a licensed
1359 physician assistant or a licensed advanced practice registered nurse of
1360 the disability or illness and such other documentation as may be
1361 required by the commissioner. The commissioner may grant a waiver or
1362 extension for a period not to exceed one registration period, except that
1363 the commissioner may grant additional waivers or extensions if the
1364 medical disability or illness upon which a waiver or extension is granted
1365 continues beyond the period of the waiver or extension and the licensee
1366 applies for an additional waiver or extension.

1367 Sec. 52. Subdivision (3) of subsection (e) of section 20-206bb of the
1368 general statutes is repealed and the following is substituted in lieu

1369 thereof (*Effective October 1, 2021*):

1370 (3) In individual cases involving medical disability or illness, the
1371 commissioner may grant a waiver of the continuing education or
1372 certification requirements or an extension of time within which to fulfill
1373 such requirements of this subsection to any licensee, provided the
1374 licensee submits to the department an application for waiver or
1375 extension of time on a form prescribed by the commissioner, along with
1376 a certification by a licensed physician, a licensed physician assistant or
1377 a licensed advanced practice registered nurse of the disability or illness
1378 and such other documentation as may be required by the department.
1379 The commissioner may grant a waiver or extension for a period not to
1380 exceed one registration period, except that the commissioner may grant
1381 additional waivers or extensions if the medical disability or illness upon
1382 which a waiver or extension is granted continues beyond the period of
1383 the waiver or extension and the licensee applies for an additional waiver
1384 or extension.

1385 Sec. 53. Subsection (f) of section 20-395d of the general statutes is
1386 repealed and the following is substituted in lieu thereof (*Effective October*
1387 *1, 2021*):

1388 (f) In individual cases involving medical disability or illness, the
1389 commissioner may, in the commissioner's discretion, grant a waiver of
1390 the continuing education requirements or an extension of time within
1391 which to fulfill the continuing education requirements of this section to
1392 any licensee, provided the licensee submits to the department an
1393 application for waiver or extension of time on a form prescribed by the
1394 department, along with a certification by a licensed physician, a licensed
1395 physician assistant or a licensed advanced practice registered nurse of
1396 the disability or illness and such other documentation as may be
1397 required by the commissioner. The commissioner may grant a waiver or
1398 extension for a period not to exceed one registration period, except that
1399 the commissioner may grant additional waivers or extensions if the
1400 medical disability or illness upon which a waiver or extension is granted
1401 continues beyond the period of the waiver or extension and the licensee

1402 applies for an additional waiver or extension.

1403 Sec. 54. Subdivision (3) of subsection (b) of section 20-402 of the
1404 general statutes is repealed and the following is substituted in lieu
1405 thereof (*Effective October 1, 2021*):

1406 (3) In individual cases involving medical disability or illness, the
1407 commissioner may grant a waiver of the continuing education
1408 requirements or an extension of time within which to fulfill such
1409 requirements of this subsection to any licensee, provided the licensee
1410 submits to the department an application for waiver or extension of time
1411 on a form prescribed by the commissioner, along with a certification by
1412 a licensed physician, a licensed physician assistant or a licensed
1413 advanced practice registered nurse of the disability or illness and such
1414 other documentation as may be required by the department. The
1415 commissioner may grant a waiver or extension for a period not to exceed
1416 one registration period, except that the commissioner may grant
1417 additional waivers or extensions if the medical disability or illness upon
1418 which a waiver or extension is granted continues beyond the period of
1419 the waiver or extension and the licensee applies for an additional waiver
1420 or extension.

1421 Sec. 55. Subsection (f) of section 20-411a of the general statutes is
1422 repealed and the following is substituted in lieu thereof (*Effective October*
1423 *1, 2021*):

1424 (f) In individual cases involving medical disability or illness, the
1425 commissioner may, in the commissioner's discretion, grant a waiver of
1426 the continuing education requirements or an extension of time within
1427 which to fulfill the continuing education requirements of this section to
1428 any licensee, provided the licensee submits to the department, prior to
1429 the expiration of the registration period, an application for waiver on a
1430 form prescribed by the department, along with a certification by a
1431 licensed physician, a licensed physician assistant or a licensed advanced
1432 practice registered nurse of the disability or illness and such other
1433 documentation as may be required by the commissioner. The

1434 commissioner may grant a waiver or extension for a period not to exceed
1435 one registration period, except that the commissioner may grant
1436 additional waivers or extensions if the medical disability or illness upon
1437 which a waiver or extension is granted continues beyond the period of
1438 the waiver or extension and the licensee applies for an additional waiver
1439 or extension.

1440 Sec. 56. Subsections (a) and (b) of section 20-631 of the general statutes
1441 are repealed and the following is substituted in lieu thereof (*Effective*
1442 *October 1, 2021*):

1443 (a) Except as provided in section 20-631b, one or more pharmacists
1444 licensed under this chapter who are determined competent in
1445 accordance with regulations adopted pursuant to subsection (d) of this
1446 section may enter into a written protocol-based collaborative drug
1447 therapy management agreement with one or more physicians licensed
1448 under chapter 370, physician assistants licensed under chapter 370 or
1449 advanced practice registered nurses licensed under chapter 378 to
1450 manage the drug therapy of individual patients. In order to enter into a
1451 written protocol-based collaborative drug therapy management
1452 agreement, such physician, physician assistant or advanced practice
1453 registered nurse shall have established a provider-patient relationship
1454 with the patient who will receive collaborative drug therapy. Each
1455 patient's collaborative drug therapy management shall be governed by
1456 a written protocol specific to that patient established by the treating
1457 physician, physician assistant or advanced practice registered nurse in
1458 consultation with the pharmacist. For purposes of this subsection, a
1459 "provider-patient relationship" is a relationship based on (1) the patient
1460 making a medical complaint, (2) the patient providing a medical history,
1461 (3) the patient receiving a physical examination, and (4) a logical
1462 connection existing between the medical complaint, the medical history,
1463 the physical examination and any drug prescribed for the patient.

1464 (b) A collaborative drug therapy management agreement may
1465 authorize a pharmacist to implement, modify or discontinue a drug
1466 therapy that has been prescribed for a patient, order associated

1467 laboratory tests and administer drugs, all in accordance with a patient-
1468 specific written protocol. In instances where drug therapy is
1469 discontinued, the pharmacist shall notify the treating physician,
1470 physician assistant or advanced practice registered nurse of such
1471 discontinuance no later than twenty-four hours from the time of such
1472 discontinuance. Each protocol developed, pursuant to the collaborative
1473 drug therapy management agreement, shall contain detailed direction
1474 concerning the actions that the pharmacist may perform for that patient.
1475 The protocol shall include, but need not be limited to, (1) the specific
1476 drug or drugs to be managed by the pharmacist, (2) the terms and
1477 conditions under which drug therapy may be implemented, modified
1478 or discontinued, (3) the conditions and events upon which the
1479 pharmacist is required to notify the physician, physician assistant or
1480 advanced practice registered nurse, and (4) the laboratory tests that may
1481 be ordered. All activities performed by the pharmacist in conjunction
1482 with the protocol shall be documented in the patient's medical record.
1483 The pharmacist shall report at least every thirty days to the physician,
1484 physician assistant or advanced practice registered nurse regarding the
1485 patient's drug therapy management. The collaborative drug therapy
1486 management agreement and protocols shall be available for inspection
1487 by the Departments of Public Health and Consumer Protection. A copy
1488 of the protocol shall be filed in the patient's medical record.

1489 Sec. 57. Subsections (a) and (b) of section 20-631a of the general
1490 statutes are repealed and the following is substituted in lieu thereof
1491 (*Effective October 1, 2021*):

1492 (a) Not later than January 1, 2006, the Commissioner of Consumer
1493 Protection, in consultation with the Commission of Pharmacy, shall
1494 establish and operate a two-year pilot program to allow not more than
1495 ten pharmacists licensed under this chapter who are determined eligible
1496 in accordance with subsection (c) of this section and employed by or
1497 under contract with a licensed community pharmacy, to enter into a
1498 written protocol-based collaborative drug therapy management
1499 agreement with one or more physicians licensed under chapter 370,

1500 physician assistants licensed under chapter 370 or advanced practice
1501 registered nurses licensed under chapter 378, to manage the drug
1502 therapy of individual patients receiving drug therapy for diabetes,
1503 asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart
1504 failure or smoking cessation, including patients who qualify as targeted
1505 beneficiaries under the provisions of Section 1860D-4(c)(2)(A)(ii) of the
1506 federal Social Security Act, in accordance with subsections (b) to (d),
1507 inclusive, of this section and subject to the approval of the licensed
1508 community pharmacy. Each patient's collaborative drug therapy
1509 management shall be governed by a written protocol specific to that
1510 patient established by the treating physician, physician assistant or
1511 advanced practice registered nurse in consultation with the pharmacist.

1512 (b) A collaborative drug therapy management agreement may
1513 authorize a pharmacist to implement, modify or discontinue a drug
1514 therapy that has been prescribed for a patient, order associated
1515 laboratory tests and administer drugs, all in accordance with a patient-
1516 specific written protocol. Each protocol developed, pursuant to the
1517 collaborative drug therapy management agreement, shall contain
1518 detailed direction concerning the actions that the pharmacist may
1519 perform for that patient. The protocol shall include, but need not be
1520 limited to, (1) the specific drug or drugs to be managed by the
1521 pharmacist, (2) the terms and conditions under which drug therapy may
1522 be implemented, modified or discontinued, (3) the conditions and
1523 events upon which the pharmacist is required to notify the physician,
1524 physician assistant or advanced practice registered nurse, and (4) the
1525 laboratory tests that may be ordered. All activities performed by the
1526 pharmacist in conjunction with the protocol shall be documented in the
1527 patient's medical record. The pharmacist shall report to the physician,
1528 physician assistant or advanced practice registered nurse through oral,
1529 written or electronic manner regarding the implementation,
1530 administration, modification or discontinuation of a drug therapy that
1531 has been prescribed for a patient not later than twenty-four hours after
1532 such implementation, administration, modification or discontinuation.
1533 The collaborative drug therapy management agreement and protocols

1534 shall be available for inspection by the Departments of Public Health
1535 and Consumer Protection. A copy of the protocol shall be filed in the
1536 patient's medical record.

1537 Sec. 58. Section 21a-217 of the general statutes is repealed and the
1538 following is substituted in lieu thereof (*Effective October 1, 2021*):

1539 Every contract for health club services shall provide that such
1540 contract may be cancelled within three business days after the date of
1541 receipt by the buyer of a copy of the contract, by written notice delivered
1542 by certified or registered United States mail to the seller or the seller's
1543 agent at an address which shall be specified in the contract. After receipt
1544 of such cancellation, the health club may request the return of contract
1545 forms, membership cards and any and all other documents and
1546 evidence of membership previously delivered to the buyer. Cancellation
1547 shall be without liability on the part of the buyer, except for the fair
1548 market value of services actually received and the buyer shall be entitled
1549 to a refund of the entire consideration paid for the contract, if any, less
1550 the fair market value of the services or use of facilities already actually
1551 received. Such right of cancellation shall not be affected by the terms of
1552 the contract and may not be waived or otherwise surrendered. Such
1553 contract for health club services shall also contain a clause providing
1554 that if the person receiving the benefits of such contract relocates further
1555 than twenty-five miles from a health club facility operated by the seller
1556 or a substantially similar health club facility which would accept the
1557 seller's obligation under the contract, or dies during the membership
1558 term following the date of such contract, or if the health club ceases
1559 operation at the location where the buyer entered into the contract, the
1560 buyer or his estate shall be relieved of any further obligation for
1561 payment under the contract not then due and owing. The contract shall
1562 also provide that if the buyer becomes disabled during the membership
1563 term, the buyer shall have the option of (1) being relieved of liability for
1564 payment on that portion of the contract term for which he is disabled,
1565 or (2) extending the duration of the original contract at no cost to the
1566 buyer for a period equal to the duration of the disability. The health club

1567 shall have the right to require and verify reasonable evidence of
1568 relocation, disability or death. In the case of disability, the health club
1569 may require that a certificate signed by a licensed physician, a licensed
1570 physician assistant or a licensed advanced practice registered nurse be
1571 submitted as verification and may also require in such contract that the
1572 buyer submit to a physical examination by a licensed physician, a
1573 licensed physician assistant or a licensed advanced practice registered
1574 nurse agreeable to the buyer and the health club, the cost of which
1575 examination shall be borne by the health club.

1576 Sec. 59. Subsection (b) of section 22a-616 of the general statutes is
1577 repealed and the following is substituted in lieu thereof (*Effective October*
1578 *1, 2021*):

1579 (b) Notwithstanding the provisions of section 22a-617, on and after
1580 January 1, 2003, no person shall offer for sale or distribute for
1581 promotional purposes mercury fever thermometers except by
1582 prescription written by a physician, a physician assistant or an advanced
1583 practice registered nurse. A manufacturer of mercury fever
1584 thermometers shall provide the buyer or the recipient with notice of
1585 mercury content, instructions on proper disposal and instructions that
1586 clearly describe how to carefully handle the thermometer to avoid
1587 breakage and on proper cleanup should a breakage occur.

1588 Sec. 60. Section 26-29a of the general statutes is repealed and the
1589 following is substituted in lieu thereof (*Effective October 1, 2021*):

1590 No fee shall be charged for any sport fishing license issued under this
1591 chapter to any person with intellectual disability, and such license shall
1592 be a lifetime license not subject to the expiration provisions of section
1593 26-35. Proof of intellectual disability shall consist of a certificate to that
1594 effect issued by a licensed physician, a licensed physician assistant or a
1595 licensed advanced practice registered nurse.

1596 Sec. 61. Section 26-29b of the general statutes is repealed and the
1597 following is substituted in lieu thereof (*Effective October 1, 2021*):

1598 No fee shall be charged for any hunting, sport fishing or trapping
1599 license issued under this chapter to any person with physical disability,
1600 and such license shall be a lifetime license not subject to the expiration
1601 provisions of section 26-35. For the purposes of this section, a "person
1602 with physical disability" is any person whose disability consists of the
1603 loss of one or more limbs or the permanent loss of the use of one or more
1604 limbs. A person with physical disability shall submit to the
1605 commissioner a certification, signed by a licensed physician, a licensed
1606 physician assistant or a licensed advanced practice registered nurse, of
1607 such physical disability. No fee shall be charged for any hunting or sport
1608 fishing license issued under this chapter to any person with physical
1609 disability who is not a resident of this state if such person is a resident
1610 of a state in which a person with physical disability from Connecticut
1611 will not be required to pay a fee for a hunting or sport fishing license,
1612 and such license shall be a lifetime license not subject to the expiration
1613 provisions of section 26-35.

1614 Sec. 62. Subsection (b) of section 31-51rr of the general statutes is
1615 repealed and the following is substituted in lieu thereof (*Effective October*
1616 *1, 2021*):

1617 (b) (1) Any employee of a political subdivision of the state who has
1618 worked at least twelve months and one thousand two hundred fifty
1619 hours for such employer during the previous twelve-month period, or
1620 (2) on or after the effective date of regulations adopted pursuant to
1621 subsection (f) of this section, a school paraprofessional in an educational
1622 setting who has been employed for at least twelve months by such
1623 employer and for at least nine hundred fifty hours of service with such
1624 employer during the previous twelve-month period may request leave
1625 in order to serve as an organ or bone marrow donor, provided such
1626 employee may be required, prior to the inception of such leave, to
1627 provide sufficient written certification from the physician of such
1628 employee, a physician assistant or an advanced practice registered
1629 nurse of the proposed organ or bone marrow donation and the probable
1630 duration of the employee's recovery from such donation.

1631 Sec. 63. Subdivision (1) of subsection (c) of section 31-235 of the
1632 general statutes is repealed and the following is substituted in lieu
1633 thereof (*Effective October 1, 2021*):

1634 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this
1635 section, an unemployed individual may limit such individual's
1636 availability for work to part-time employment, provided the individual
1637 (A) provides documentation from a licensed physician, physician
1638 assistant or [an] advanced practice registered nurse that (i) the
1639 individual has a physical or mental impairment that is chronic or is
1640 expected to be long-term or permanent in nature, and (ii) the individual
1641 is unable to work full-time because of such impairment, and (B)
1642 establishes, to the satisfaction of the administrator, that such limitation
1643 does not effectively remove such individual from the labor force.

1644 Sec. 64. Subsections (a) to (f), inclusive, of section 31-294d of the
1645 general statutes are repealed and the following is substituted in lieu
1646 thereof (*Effective October 1, 2021*):

1647 (a) (1) The employer, as soon as the employer has knowledge of an
1648 injury, shall provide a competent physician, surgeon, physician
1649 assistant or advanced practice registered nurse to attend the injured
1650 employee and, in addition, shall furnish any medical and surgical aid or
1651 hospital and nursing service, including medical rehabilitation services
1652 and prescription drugs, as the physician, surgeon, physician assistant or
1653 advanced practice registered nurse [surgeon] deems reasonable or
1654 necessary. The employer, any insurer acting on behalf of the employer,
1655 or any other entity acting on behalf of the employer or insurer shall be
1656 responsible for paying the cost of such prescription drugs directly to the
1657 provider. If the employer utilizes an approved providers list, when an
1658 employee reports a work-related injury or condition to the employer the
1659 employer shall provide the employee with such approved providers list
1660 within two business days of such reporting.

1661 (2) If the injured employee is a local or state police officer, state
1662 marshal, judicial marshal, correction officer, emergency medical

1663 technician, paramedic, ambulance driver, firefighter, or active member
1664 of a volunteer fire company or fire department engaged in volunteer
1665 duties, who has been exposed in the line of duty to blood or bodily fluids
1666 that may carry blood-borne disease, the medical and surgical aid or
1667 hospital and nursing service provided by the employer shall include any
1668 relevant diagnostic and prophylactic procedure for and treatment of any
1669 blood-borne disease.

1670 (b) The employee shall select the physician, surgeon, physician
1671 assistant or advanced practice registered nurse from an approved list of
1672 physicians, surgeons, physician assistants and advanced practice
1673 registered nurses prepared by the chairman of the Workers'
1674 Compensation Commission. If the employee is unable to make the
1675 selection, the employer shall do so, subject to ratification by the
1676 employee or his next of kin. If the employer has a full-time staff
1677 physician, physician assistant or advanced practice registered nurse or
1678 if a physician, physician assistant or advanced practice registered nurse
1679 is available on call, the initial treatment required immediately following
1680 the injury may be rendered by that physician, physician assistant or
1681 advanced practice registered nurse, but the employee may thereafter
1682 select his own physician, physician assistant or advanced practice
1683 registered nurse as provided by this chapter for any further treatment
1684 without prior approval of the commissioner.

1685 (c) The commissioner may, without hearing, at the request of the
1686 employer or the injured employee, when good reason exists, or on his
1687 own motion, authorize or direct a change of physician, surgeon,
1688 physician assistant or advanced practice registered nurse or hospital or
1689 nursing service provided pursuant to subsection (a) of this section.

1690 (d) (1) The pecuniary liability of the employer for the medical and
1691 surgical service required by this section shall be limited to the charges
1692 that prevail in the same community or similar communities for similar
1693 treatment of injured persons of a like standard of living when the similar
1694 treatment is paid for by the injured person. Notwithstanding the
1695 provisions of chapter 368z, prior to the date the liability of the employer

1696 is established pursuant to subdivision (2) of this subsection, the liability
1697 of the employer for hospital service shall be determined exclusively by
1698 the provisions of this subdivision and shall remain the amount it
1699 actually costs the hospital to render the service, as determined by the
1700 commissioner, except in the case of state humane institutions, the
1701 liability of the employer shall be the per capita cost as determined by
1702 the Comptroller under the provisions of section 17b-223. All disputes
1703 concerning liability for hospital services in workers' compensation cases
1704 shall be filed not later than one year from the date the initial payment
1705 for services was remitted, regardless of the date such services were
1706 provided, unless any applicable law, rule or regulation establishes a
1707 shorter time frame, and shall be settled by the commissioner in
1708 accordance with this chapter.

1709 (2) Commencing ninety days after the formulas established by the
1710 chairman of the Workers' Compensation Commission have been
1711 published pursuant to subsection (e) of this section, unless the employer
1712 and hospital or ambulatory surgical center have otherwise negotiated to
1713 determine the liability of the employer for hospital or ambulatory
1714 surgical center services required by this section, the liability of the
1715 employer for hospital or ambulatory surgical center services shall be:
1716 (A) If such services are covered by Medicare, limited to the
1717 reimbursements listed in such formulas published pursuant to
1718 subsection (e) of this section, or (B) if such services are not covered by
1719 Medicare, determined by the chairman, in consultation with employers
1720 and their insurance carriers, self-insured employers, hospitals,
1721 ambulatory surgical centers, third-party reimbursement organizations
1722 and other entities as deemed necessary by the Workers' Compensation
1723 Commission.

1724 (e) Not later than January 1, 2015, the chairman of the Workers'
1725 Compensation Commission shall, in consultation with employers and
1726 their insurance carriers, self-insured employers, hospitals, ambulatory
1727 surgical centers, third-party reimbursement organizations and other
1728 entities as deemed necessary by the Workers' Compensation

1729 Commission, establish and publish Medicare-based formulas, when
1730 available, to set the liability of employers for hospital and ambulatory
1731 surgical center services required by this section that are covered by
1732 Medicare. After the initial publication of such formulas, the chairman
1733 shall publish such formulas on each January first thereafter.

1734 (f) If the employer fails to promptly provide a physician, surgeon,
1735 physician assistant or advanced practice registered nurse or any medical
1736 and surgical aid or hospital and nursing service as required by this
1737 section, the injured employee may obtain a physician, surgeon,
1738 physician assistant or advanced practice registered nurse, selected from
1739 the approved list prepared by the chairman, or such medical and
1740 surgical aid or hospital and nursing service at the expense of the
1741 employer.

1742 Sec. 65. Section 31-294i of the general statutes is repealed and the
1743 following is substituted in lieu thereof (*Effective October 1, 2021*):

1744 For the purpose of adjudication of claims for payment of benefits
1745 under the provisions of this chapter to a uniformed member of a paid
1746 municipal fire department or a regular member of a paid municipal
1747 police department or constable who began such employment on or after
1748 July 1, 1996, any condition or impairment of health caused by a cardiac
1749 emergency occurring to such member on or after July 1, 2009, while such
1750 member is in training for or engaged in fire duty at the site of an accident
1751 or fire, or other public safety operation within the scope of such
1752 member's employment for such member's municipal employer that
1753 results in death or temporary or permanent total or partial disability,
1754 shall be presumed to have been suffered in the line of duty and within
1755 the scope of such member's employment, unless the contrary is shown
1756 by a preponderance of the evidence, provided such member
1757 successfully passed a physical examination on entry into service
1758 conducted by a licensed physician, physician assistant or advanced
1759 practice registered nurse designated by such department which
1760 examination failed to reveal any evidence of such condition. For the
1761 purposes of this section, "cardiac emergency" means cardiac arrest or

1762 myocardial infarction, and "constable" means any municipal law
1763 enforcement officer who is authorized to make arrests and has
1764 completed Police Officer Standards and Training Council certification
1765 pursuant to section 7-294a.

1766 Sec. 66. Subsection (a) of section 31-308 of the general statutes is
1767 repealed and the following is substituted in lieu thereof (*Effective October*
1768 *1, 2021*):

1769 (a) If any injury for which compensation is provided under the
1770 provisions of this chapter results in partial incapacity, the injured
1771 employee shall be paid a weekly compensation equal to seventy-five per
1772 cent of the difference between the wages currently earned by an
1773 employee in a position comparable to the position held by the injured
1774 employee before his injury, after such wages have been reduced by any
1775 deduction for federal or state taxes, or both, and for the federal
1776 Insurance Contributions Act in accordance with section 31-310, and the
1777 amount he is able to earn after the injury, after such amount has been
1778 reduced by any deduction for federal or state taxes, or both, and for the
1779 federal Insurance Contributions Act in accordance with section 31-310,
1780 except that when (1) the physician, physician assistant or [the] advanced
1781 practice registered nurse attending an injured employee certifies that
1782 the employee is unable to perform his usual work but is able to perform
1783 other work, (2) the employee is ready and willing to perform other work
1784 in the same locality and (3) no other work is available, the employee
1785 shall be paid his full weekly compensation subject to the provisions of
1786 this section. Compensation paid under this subsection shall not be more
1787 than one hundred per cent, raised to the next even dollar, of the average
1788 weekly earnings of production and related workers in manufacturing in
1789 the state, as determined in accordance with the provisions of section 31-
1790 309, and shall continue during the period of partial incapacity, but no
1791 longer than five hundred twenty weeks. If the employer procures
1792 employment for an injured employee that is suitable to his capacity, the
1793 wages offered in such employment shall be taken as the earning
1794 capacity of the injured employee during the period of the employment.

1795 Sec. 67. Subdivision (1) of subsection (a) of section 38a-457 of the
1796 general statutes is repealed and the following is substituted in lieu
1797 thereof (*Effective October 1, 2021*):

1798 (1) "Accelerated benefits" means benefits payable under a life
1799 insurance policy sold in this state: (A) During the lifetime of the insured,
1800 in a lump sum or in periodic payments, as specified in the policy, (B)
1801 upon the occurrence of a qualifying event, as defined in the policy, and
1802 certified by a physician, a physician assistant or an advanced practice
1803 registered nurse who is licensed under the laws of a state or territory of
1804 the United States, or such other foreign or domestic jurisdiction as the
1805 Insurance Commissioner may approve, and (C) which reduce the death
1806 benefits otherwise payable under the life insurance policy.

1807 Sec. 68. Section 38a-465g of the general statutes is repealed and the
1808 following is substituted in lieu thereof (*Effective October 1, 2021*):

1809 (a) Before entering into a life settlement contract with any owner of a
1810 policy wherein the insured is terminally ill or chronically ill, a provider
1811 shall obtain:

1812 (1) If the owner is the insured, a written statement from a licensed
1813 attending physician, physician assistant or [an] advanced practice
1814 registered nurse that the owner is of sound mind and under no
1815 constraint or undue influence to enter into the settlement contract; and

1816 (2) A document in which the insured consents to the release of the
1817 insured's medical records to a provider, broker or insurance producer,
1818 and, if the policy was issued less than two years from the date of
1819 application for a settlement contract, to the insurance company that
1820 issued the policy.

1821 (b) The insurer shall respond to a request for verification of coverage
1822 submitted by a provider, broker or life insurance producer on a form
1823 approved by the commissioner not later than thirty calendar days after
1824 the date the request was received. The insurer shall complete and issue
1825 the verification of coverage or indicate in which respects it is unable to

1826 respond. In its response, the insurer shall indicate whether, based on the
1827 medical evidence and documents provided, the insurer intends to
1828 pursue an investigation regarding the validity of the policy.

1829 (c) Prior to or at the time of execution of the settlement contract, the
1830 provider shall obtain a witnessed document in which the owner
1831 consents to the settlement contract, represents that the owner has a full
1832 and complete understanding of the settlement contract, that the owner
1833 has a full and complete understanding of the benefits of the policy,
1834 acknowledges that the owner is entering into the settlement contract
1835 freely and voluntarily and, for persons with a terminal or chronic illness
1836 or condition, acknowledges that the insured has a terminal or chronic
1837 illness or condition and that the terminal or chronic illness or condition
1838 was diagnosed after the life insurance policy was issued.

1839 (d) If a broker or life insurance producer performs any of the activities
1840 required of the provider under this section, the provider shall be
1841 deemed to have fulfilled the requirements of this section.

1842 (e) The insurer shall not unreasonably delay effecting change of
1843 ownership or beneficiary with any life settlement contract lawfully
1844 entered into in this state or with a resident of this state.

1845 (f) Not later than twenty days after an owner executes the life
1846 settlement contract, the provider shall give written notice to the insurer
1847 that issued the policy that the policy has become subject to a life
1848 settlement contract. The notice shall be accompanied by a copy of the
1849 medical records release required under subdivision (2) of subsection (a)
1850 of this section and a copy of the insured's application for the life
1851 settlement contract.

1852 (g) All medical information solicited or obtained by any person
1853 licensed pursuant to this part shall be subject to applicable provisions of
1854 law relating to the confidentiality of medical information.

1855 (h) Each life settlement contract entered into in this state shall provide
1856 that the owner may rescind the contract not later than fifteen days from

1857 the date it is executed by all parties thereto. Such rescission exercised by
1858 the owner shall be effective only if both notice of rescission is given to
1859 the provider and the owner repays all proceeds and any premiums,
1860 loans and loan interest paid by the provider within the rescission period.
1861 A failure to provide written notice of the right of rescission shall toll the
1862 period of such right until thirty days after the written notice of the right
1863 of rescission has been given. If the insured dies during the rescission
1864 period, the contract shall be deemed to have been rescinded, subject to
1865 repayment by the owner or the owner's estate of all proceeds and any
1866 premiums, loans and loan interest to the provider.

1867 (i) Not later than three business days after the date the provider
1868 receives the documents from the owner to effect the transfer of the
1869 insurance policy, the provider shall pay or transfer the proceeds of the
1870 settlement into an escrow or trust account managed by a trustee or
1871 escrow agent in a state or federally chartered financial institution whose
1872 deposits are insured by the Federal Deposit Insurance Corporation. Not
1873 later than three business days after receiving acknowledgment of the
1874 transfer of the insurance policy from the issuer of the policy, said trustee
1875 or escrow agent shall pay the settlement proceeds to the owner.

1876 (j) Failure to tender the life settlement contract proceeds to the owner
1877 within the time set forth in section 38a-465f shall render the viatical
1878 settlement contract voidable by the owner for lack of consideration until
1879 the time such consideration is tendered to, and accepted by, the owner.

1880 (k) Any fee paid by a provider, party, individual or an owner to a
1881 broker in exchange for services provided to the owner pertaining to a
1882 life settlement contract shall be computed as a percentage of the offer
1883 obtained and not as a percentage of the face value of the policy. Nothing
1884 in this section shall be construed to prohibit a broker from reducing such
1885 broker's fee below such percentage.

1886 (l) Each broker shall disclose to the owner anything of value paid or
1887 given to such broker in connection with a life settlement contract
1888 concerning the owner.

1889 (m) No person at any time prior to, or at the time of, the application
1890 for or issuance of a policy, or during a two-year period commencing
1891 with the date of issuance of the policy, shall enter into a life settlement
1892 contract regardless of the date the compensation is to be provided and
1893 regardless of the date the assignment, transfer, sale, devise, bequest or
1894 surrender of the policy is to occur. This prohibition shall not apply if the
1895 owner certifies to the provider that:

1896 (1) The policy was issued upon the owner's exercise of conversion
1897 rights arising out of a group or individual policy, provided the total of
1898 the time covered under the conversion policy plus the time covered
1899 under the prior policy is not less than twenty-four months. The time
1900 covered under a group policy shall be calculated without regard to a
1901 change in insurance carriers, provided the coverage has been
1902 continuous and under the same group sponsorship; or

1903 (2) The owner submits independent evidence to the provider that one
1904 or more of the following conditions have been met within said two-year
1905 period: (A) The owner or insured is terminally ill or chronically ill; (B)
1906 the owner or insured disposes of the owner or insured's ownership
1907 interests in a closely held corporation, pursuant to the terms of a buyout
1908 or other similar agreement in effect at the time the insurance policy was
1909 initially issued; (C) the owner's spouse dies; (D) the owner divorces his
1910 or her spouse; (E) the owner retires from full-time employment; (F) the
1911 owner has a physical or mental disability and a physician, a physician
1912 assistant or an advanced practice registered nurse determines that the
1913 disability prevents the owner from maintaining full-time employment;
1914 or (G) a final order, judgment or decree is entered by a court of
1915 competent jurisdiction on the application of a creditor of the owner,
1916 adjudicating the owner bankrupt or insolvent, or approving a petition
1917 seeking reorganization of the owner or appointing a receiver, trustee or
1918 liquidator to all or a substantial part of the owner's assets.

1919 (n) Copies of the independent evidence required by subdivision (2)
1920 of subsection (m) of this section shall be submitted to the insurer when
1921 the provider submits a request to the insurer for verification of coverage.

1922 The copies shall be accompanied by a letter of attestation from the
1923 provider that the copies are true and correct copies of the documents
1924 received by the provider. Nothing in this section shall prohibit an
1925 insurer from exercising its right to contest the validity of any policy.

1926 (o) If, at the time the provider submits a request to the insurer to effect
1927 the transfer of the policy to the provider, the provider submits a copy of
1928 independent evidence of subparagraph (A) of subdivision (2) of
1929 subsection (m) of this section, such copy shall be deemed to establish
1930 that the settlement contract satisfies the requirements of this section.

1931 Sec. 69. Subsection (a) of section 38a-489 of the general statutes is
1932 repealed and the following is substituted in lieu thereof (*Effective October*
1933 *1, 2021*):

1934 (a) Each individual health insurance policy providing coverage of the
1935 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section
1936 38a-469, delivered, issued for delivery, renewed, amended or continued
1937 in this state that provides that coverage of a dependent child shall
1938 terminate upon attainment of the limiting age for dependent children
1939 specified in the policy shall also provide in substance that attainment of
1940 the limiting age shall not operate to terminate the coverage of the child
1941 if at such date the child is and continues thereafter to be both (1)
1942 incapable of self-sustaining employment by reason of mental or physical
1943 handicap, as certified by the child's physician, physician assistant or
1944 advanced practice registered nurse on a form provided by the insurer,
1945 hospital service corporation, medical service corporation or health care
1946 center, and (2) chiefly dependent upon the policyholder or subscriber
1947 for support and maintenance.

1948 Sec. 70. Subsection (b) of section 38a-492e of the general statutes is
1949 repealed and the following is substituted in lieu thereof (*Effective October*
1950 *1, 2021*):

1951 (b) Benefits shall cover: (1) Initial training visits provided to an
1952 individual after the individual is initially diagnosed with diabetes that

1953 is medically necessary for the care and management of diabetes,
1954 including, but not limited to, counseling in nutrition and the proper use
1955 of equipment and supplies for the treatment of diabetes, totaling a
1956 maximum of ten hours; (2) training and education that is medically
1957 necessary as a result of a subsequent diagnosis by a physician, a
1958 physician assistant or an advanced practice registered nurse of a
1959 significant change in the individual's symptoms or condition which
1960 requires modification of the individual's program of self-management
1961 of diabetes, totaling a maximum of four hours; and (3) training and
1962 education that is medically necessary because of the development of
1963 new techniques and treatment for diabetes totaling a maximum of four
1964 hours.

1965 Sec. 71. Section 38a-492m of the general statutes is repealed and the
1966 following is substituted in lieu thereof (*Effective October 1, 2021*):

1967 Each individual health insurance policy providing coverage of the
1968 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1969 delivered, issued for delivery, amended, renewed or continued in this
1970 state that provides coverage for prescription eye drops, shall not deny
1971 coverage for a renewal of prescription eye drops when (1) the renewal
1972 is requested by the insured less than thirty days from the later of (A) the
1973 date the original prescription was distributed to the insured, or (B) the
1974 date the last renewal of such prescription was distributed to the insured,
1975 and (2) the prescribing physician, prescribing physician assistant,
1976 prescribing advanced practice registered nurse or prescribing
1977 optometrist indicates on the original prescription that additional
1978 quantities are needed and the renewal requested by the insured does
1979 not exceed the number of additional quantities needed.

1980 Sec. 72. Subsections (b) to (e), inclusive, of section 38a-493 of the
1981 general statutes are repealed and the following is substituted in lieu
1982 thereof (*Effective October 1, 2021*):

1983 (b) For the purposes of this section and section 38a-494:

1984 (1) "Hospital" means an institution that is primarily engaged in
1985 providing, by or under the supervision of physicians, to inpatients (A)
1986 diagnostic, surgical and therapeutic services for medical diagnosis,
1987 treatment and care of persons who have an injury, sickness or disability,
1988 or (B) medical rehabilitation services for the rehabilitation of persons
1989 who have an injury, sickness or disability. "Hospital" does not include a
1990 residential care home, nursing home, rest home or alcohol or drug
1991 treatment facility, as defined in section 19a-490;

1992 (2) "Home health care" means the continued care and treatment of a
1993 covered person who is under the care of a physician, a physician
1994 assistant or an advanced practice registered nurse but only if (A)
1995 continued hospitalization would otherwise have been required if home
1996 health care was not provided, except in the case of a covered person
1997 diagnosed by a physician, a physician assistant or an advanced practice
1998 registered nurse as terminally ill with a prognosis of six months or less
1999 to live, and (B) the plan covering the home health care is established and
2000 approved in writing by such physician, physician assistant or advanced
2001 practice registered nurse within seven days following termination of a
2002 hospital confinement as a resident inpatient for the same or a related
2003 condition for which the covered person was hospitalized, except that in
2004 the case of a covered person diagnosed by a physician, a physician
2005 assistant or an advanced practice registered nurse as terminally ill with
2006 a prognosis of six months or less to live, such plan may be so established
2007 and approved at any time irrespective of whether such covered person
2008 was so confined or, if such covered person was so confined, irrespective
2009 of such seven-day period, and (C) such home health care is commenced
2010 within seven days following discharge, except in the case of a covered
2011 person diagnosed by a physician, a physician assistant or an advanced
2012 practice registered nurse as terminally ill with a prognosis of six months
2013 or less to live;

2014 (3) "Home health agency" means an agency or organization that
2015 meets each of the following requirements: (A) It is primarily engaged in
2016 and is federally certified as a home health agency and duly licensed, if

2017 such licensing is required, by the appropriate licensing authority, to
2018 provide nursing and other therapeutic services; (B) its policies are
2019 established by a professional group associated with such agency or
2020 organization, including at least one physician, physician assistant or
2021 advanced practice registered nurse and at least one registered nurse, to
2022 govern the services provided; (C) it provides for full-time supervision
2023 of such services by a physician, a physician assistant, an advanced
2024 practice registered nurse or a registered nurse; (D) it maintains a
2025 complete medical record on each patient; and (E) it has an administrator;
2026 and

2027 (4) "Medical social services" means services rendered, under the
2028 direction of a physician, a physician assistant or an advanced practice
2029 registered nurse, by a qualified social worker holding a master's degree
2030 from an accredited school of social work, including, but not limited to,
2031 (A) assessment of the social, psychological and family problems related
2032 to or arising out of such covered person's illness and treatment, (B)
2033 appropriate action and utilization of community resources to assist in
2034 resolving such problems, and (C) participation in the development of
2035 the overall plan of treatment for such covered person.

2036 (c) Home health care shall be provided by a home health agency.

2037 (d) Home health care shall consist of, but shall not be limited to, the
2038 following: (1) Part-time or intermittent nursing care by a registered
2039 nurse or by a licensed practical nurse under the supervision of a
2040 registered nurse, if the services of a registered nurse are not available;
2041 (2) part-time or intermittent home health aide services, consisting
2042 primarily of patient care of a medical or therapeutic nature by other than
2043 a registered or licensed practical nurse; (3) physical, occupational or
2044 speech therapy; (4) medical supplies, drugs and medicines prescribed
2045 by a physician, a physician assistant or an advanced practice registered
2046 nurse [or physician assistant] and laboratory services to the extent such
2047 charges would have been covered under the policy or contract if the
2048 covered person had remained or had been confined in the hospital; (5)
2049 medical social services provided to or for the benefit of a covered person

2050 diagnosed by a physician, a physician assistant or an advanced practice
2051 registered nurse as terminally ill with a prognosis of six months or less
2052 to live.

2053 (e) The policy may contain a limitation on the number of home health
2054 care visits for which benefits are payable, but the number of such visits
2055 shall not be less than eighty in any calendar year or in any continuous
2056 period of twelve months for each person covered under a policy or
2057 contract, except in the case of a covered person diagnosed by a
2058 physician, a physician assistant or an advanced practice registered nurse
2059 as terminally ill with a prognosis of six months or less to live, the yearly
2060 benefit for medical social services shall not exceed two hundred dollars.
2061 Each visit by a representative of a home health agency shall be
2062 considered as one home health care visit and four hours of home health
2063 aide service shall be considered as one home health care visit.

2064 Sec. 73. Subsections (c) to (e), inclusive, of section 38a-495 of the
2065 general statutes are repealed and the following is substituted in lieu
2066 thereof (*Effective October 1, 2021*):

2067 (c) Each Medicare supplement policy shall provide coverage for
2068 home health aide services for each individual covered under the policy
2069 when such services are not paid for by Medicare, provided (1) such
2070 services are provided by a certified home health aide employed by a
2071 home health care agency licensed pursuant to sections 19a-490 to 19a-
2072 503, inclusive, and (2) the individual's physician, physician assistant or
2073 advanced practice registered nurse has certified, in writing, that such
2074 services are medically necessary. The policy shall not be required to
2075 provide benefits in excess of five hundred dollars per year for such
2076 services. No deductible or coinsurance provisions may be applicable to
2077 such benefits. If two or more Medicare supplement policies are issued
2078 to the same individual by the same insurer, such coverage for home
2079 health aide services shall be included in only one such policy.
2080 Notwithstanding the provisions of subsection (g) of this section, the
2081 provisions of this subsection shall apply with respect to any Medicare
2082 supplement policy delivered, issued for delivery, continued or renewed

2083 in this state on or after October 1, 1986.

2084 (d) Whenever a Medicare supplement policy provides coverage for
2085 the cost of prescription drugs prescribed after the hospitalization of the
2086 insured, outpatient surgical procedures performed on the insured in
2087 any licensed hospital shall constitute "hospitalization" for purposes of
2088 such prescription drug coverage in such policy.

2089 (e) Notwithstanding the provisions of subsection (g) of this section,
2090 each Medicare supplement policy delivered, issued for delivery,
2091 continued or renewed in this state on or after October 1, 1988, shall
2092 provide benefits, to any woman covered under the policy, for
2093 mammographic examinations every year, or more frequently if
2094 recommended by the woman's physician, physician assistant or
2095 advanced practice registered nurse, when such examinations are not
2096 paid for by Medicare.

2097 Sec. 74. Subdivision (1) of subsection (a) of section 38a-496 of the
2098 general statutes is repealed and the following is substituted in lieu
2099 thereof (*Effective October 1, 2021*):

2100 (1) "Occupational therapy" means services provided by a licensed
2101 occupational therapist in accordance with a plan of care established and
2102 approved in writing by a physician licensed in accordance with the
2103 provisions of chapter 370, a physician assistant licensed in accordance
2104 with the provisions of chapter 370 or an advanced practice registered
2105 nurse licensed in accordance with the provisions of chapter 378, who
2106 has certified that the prescribed care and treatment are not available
2107 from sources other than a licensed occupational therapist and which are
2108 provided in private practice or in a licensed health care facility. Such
2109 plan shall be reviewed and certified at least every two months by such
2110 physician, physician assistant or advanced practice registered nurse.

2111 Sec. 75. Subsections (b) to (d), inclusive, of section 38a-503 of the
2112 general statutes are repealed and the following is substituted in lieu
2113 thereof (*Effective October 1, 2021*):

2114 (b) (1) Each individual health insurance policy providing coverage of
2115 the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section
2116 38a-469 delivered, issued for delivery, renewed, amended or continued
2117 in this state shall provide benefits for mammograms to any woman
2118 covered under the policy that are at least equal to the following
2119 minimum requirements: (A) A baseline mammogram, which may be
2120 provided by breast tomosynthesis at the option of the woman covered
2121 under the policy, for any woman who is thirty-five to thirty-nine years
2122 of age, inclusive; and (B) a mammogram, which may be provided by
2123 breast tomosynthesis at the option of the woman covered under the
2124 policy, every year for any woman who is forty years of age or older.

2125 (2) Such policy shall provide additional benefits for:

2126 (A) Comprehensive ultrasound screening of an entire breast or
2127 breasts if: (i) A mammogram demonstrates heterogeneous or dense
2128 breast tissue based on the Breast Imaging Reporting and Data System
2129 established by the American College of Radiology; (ii) a woman is
2130 believed to be at increased risk for breast cancer due to (I) family history
2131 or prior personal history of breast cancer, (II) positive genetic testing, or
2132 (III) other indications as determined by a woman's physician, physician
2133 assistant or advanced practice registered nurse; or (iii) such screening is
2134 recommended by a woman's treating physician for a woman who (I) is
2135 forty years of age or older, (II) has a family history or prior personal
2136 history of breast cancer, or (III) has a prior personal history of breast
2137 disease diagnosed through biopsy as benign; and

2138 (B) Magnetic resonance imaging of an entire breast or breasts in
2139 accordance with guidelines established by the American Cancer Society.

2140 (c) Benefits under this section shall be subject to any policy provisions
2141 that apply to other services covered by such policy, except that no such
2142 policy shall impose a coinsurance, copayment, deductible or other out-
2143 of-pocket expense for such benefits. The provisions of this subsection
2144 shall apply to a high deductible health plan, as that term is used in
2145 subsection (f) of section 38a-493, to the maximum extent permitted by

2146 federal law, except if such plan is used to establish a medical savings
2147 account or an Archer MSA pursuant to Section 220 of the Internal
2148 Revenue Code of 1986 or any subsequent corresponding internal
2149 revenue code of the United States, as amended from time to time, or a
2150 health savings account pursuant to Section 223 of said Internal Revenue
2151 Code, as amended from time to time, the provisions of this subsection
2152 shall apply to such plan to the maximum extent that (1) is permitted by
2153 federal law, and (2) does not disqualify such account for the deduction
2154 allowed under said Section 220 or 223, as applicable.

2155 (d) Each mammography report provided to a patient shall include
2156 information about breast density, based on the Breast Imaging
2157 Reporting and Data System established by the American College of
2158 Radiology. Where applicable, such report shall include the following
2159 notice: "If your mammogram demonstrates that you have dense breast
2160 tissue, which could hide small abnormalities, you might benefit from
2161 supplementary screening tests, which can include a breast ultrasound
2162 screening or a breast MRI examination, or both, depending on your
2163 individual risk factors. A report of your mammography results, which
2164 contains information about your breast density, has been sent to your
2165 physician's, physician assistant's or advanced practice registered nurse's
2166 office and you should contact your physician, physician assistant or
2167 advanced practice registered nurse if you have any questions or
2168 concerns about this report."

2169 Sec. 76. Subsection (a) of section 38a-515 of the general statutes is
2170 repealed and the following is substituted in lieu thereof (*Effective October*
2171 *1, 2021*):

2172 (a) Each group health insurance policy providing coverage of the type
2173 specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469
2174 delivered, issued for delivery, renewed, amended or continued in this
2175 state that provides that coverage of a dependent child of an employee
2176 or other member of the covered group shall terminate upon attainment
2177 of the limiting age for dependent children specified in the policy shall
2178 also provide in substance that attainment of the limiting age shall not

2179 operate to terminate the coverage of the child if at such date the child is
2180 and continues thereafter to be both (1) incapable of self-sustaining
2181 employment by reason of mental or physical handicap, as certified by
2182 the child's physician, physician assistant or advanced practice registered
2183 nurse on a form provided by the insurer, hospital service corporation,
2184 medical service corporation or health care center, and (2) chiefly
2185 dependent upon such employee or member for support and
2186 maintenance.

2187 Sec. 77. Subsection (b) of section 38a-518e of the general statutes is
2188 repealed and the following is substituted in lieu thereof (*Effective October*
2189 *1, 2021*):

2190 (b) Benefits shall cover: (1) Initial training visits provided to an
2191 individual after the individual is initially diagnosed with diabetes that
2192 is medically necessary for the care and management of diabetes,
2193 including, but not limited to, counseling in nutrition and the proper use
2194 of equipment and supplies for the treatment of diabetes, totaling a
2195 maximum of ten hours; (2) training and education that is medically
2196 necessary as a result of a subsequent diagnosis by a physician, a
2197 physician assistant or an advanced practice registered nurse of a
2198 significant change in the individual's symptoms or condition which
2199 requires modification of the individual's program of self-management
2200 of diabetes, totaling a maximum of four hours; and (3) training and
2201 education that is medically necessary because of the development of
2202 new techniques and treatment for diabetes totaling a maximum of four
2203 hours.

2204 Sec. 78. Section 38a-518l of the general statutes is repealed and the
2205 following is substituted in lieu thereof (*Effective October 1, 2021*):

2206 Each group health insurance policy providing coverage of the type
2207 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
2208 delivered, issued for delivery, amended, renewed or continued in this
2209 state that provides coverage for prescription eye drops, shall not deny
2210 coverage for a renewal of prescription eye drops when (1) the renewal

2211 is requested by the insured less than thirty days from the later of (A) the
2212 date the original prescription was distributed to the insured, or (B) the
2213 date the last renewal of such prescription was distributed to the insured,
2214 and (2) the prescribing physician, prescribing physician assistant,
2215 prescribing advanced practice registered nurse or prescribing
2216 optometrist indicates on the original prescription that additional
2217 quantities are needed and the renewal requested by the insured does
2218 not exceed the number of additional quantities needed.

2219 Sec. 79. Subsections (b) to (e), inclusive, of section 38a-520 of the
2220 general statutes are repealed and the following is substituted in lieu
2221 thereof (*Effective October 1, 2021*):

2222 (b) For the purposes of this section and section 38a-494:

2223 (1) "Hospital" means an institution that is primarily engaged in
2224 providing, by or under the supervision of physicians, to inpatients (A)
2225 diagnostic, surgical and therapeutic services for medical diagnosis,
2226 treatment and care of persons who have an injury, sickness or disability,
2227 or (B) medical rehabilitation services for the rehabilitation of persons
2228 who have an injury, sickness or disability. "Hospital" does not include a
2229 residential care home, nursing home, rest home or alcohol or drug
2230 treatment facility, as defined in section 19a-490;

2231 (2) "Home health care" means the continued care and treatment of a
2232 covered person who is under the care of a physician, a physician
2233 assistant or an advanced practice registered nurse but only if (A)
2234 continued hospitalization would otherwise have been required if home
2235 health care was not provided, except in the case of a covered person
2236 diagnosed by a physician, a physician assistant or an advanced practice
2237 registered nurse as terminally ill with a prognosis of six months or less
2238 to live, and (B) the plan covering the home health care is established and
2239 approved in writing by such physician, physician assistant or advanced
2240 practice registered nurse within seven days following termination of a
2241 hospital confinement as a resident inpatient for the same or a related
2242 condition for which the covered person was hospitalized, except that in

2243 the case of a covered person diagnosed by a physician, a physician
2244 assistant or an advanced practice registered nurse as terminally ill with
2245 a prognosis of six months or less to live, such plan may be so established
2246 and approved at any time irrespective of whether such covered person
2247 was so confined or, if such covered person was so confined, irrespective
2248 of such seven-day period, and (C) such home health care is commenced
2249 within seven days following discharge, except in the case of a covered
2250 person diagnosed by a physician, a physician assistant or an advanced
2251 practice registered nurse as terminally ill with a prognosis of six months
2252 or less to live;

2253 (3) "Home health agency" means an agency or organization that
2254 meets each of the following requirements: (A) It is primarily engaged in
2255 and is federally certified as a home health agency and duly licensed, if
2256 such licensing is required, by the appropriate licensing authority, to
2257 provide nursing and other therapeutic services; (B) its policies are
2258 established by a professional group associated with such agency or
2259 organization, including at least one physician, physician assistant or
2260 advanced practice registered nurse and at least one registered nurse, to
2261 govern the services provided; (C) it provides for full-time supervision
2262 of such services by a physician, a physician assistant, an advanced
2263 practice registered nurse or a registered nurse; (D) it maintains a
2264 complete medical record on each patient; and (E) it has an administrator;
2265 and

2266 (4) "Medical social services" means services rendered, under the
2267 direction of a physician, a physician assistant or an advanced practice
2268 registered nurse, by a qualified social worker holding a master's degree
2269 from an accredited school of social work, including, but not limited to,
2270 (A) assessment of the social, psychological and family problems related
2271 to or arising out of such covered person's illness and treatment, (B)
2272 appropriate action and utilization of community resources to assist in
2273 resolving such problems, and (C) participation in the development of
2274 the overall plan of treatment for such covered person.

2275 (c) Home health care shall be provided by a home health agency.

2276 (d) Home health care shall consist of, but shall not be limited to, the
2277 following: (1) Part-time or intermittent nursing care by a registered
2278 nurse or by a licensed practical nurse under the supervision of a
2279 registered nurse, if the services of a registered nurse are not available;
2280 (2) part-time or intermittent home health aide services, consisting
2281 primarily of patient care of a medical or therapeutic nature by other than
2282 a registered or licensed practical nurse; (3) physical, occupational or
2283 speech therapy; (4) medical supplies, drugs and medicines prescribed
2284 by a physician, a physician assistant or an advanced practice registered
2285 nurse [or a physician assistant] and laboratory services to the extent
2286 such charges would have been covered under the policy or contract if
2287 the covered person had remained or had been confined in the hospital;
2288 (5) medical social services provided to or for the benefit of a covered
2289 person diagnosed by a physician, a physician assistant or an advanced
2290 practice registered nurse as terminally ill with a prognosis of six months
2291 or less to live.

2292 (e) The policy may contain a limitation on the number of home health
2293 care visits for which benefits are payable, but the number of such visits
2294 shall not be less than eighty in any calendar year or in any continuous
2295 period of twelve months for each person covered under a policy, except
2296 in the case of a covered person diagnosed by a physician, a physician
2297 assistant or an advanced practice registered nurse as terminally ill with
2298 a prognosis of six months or less to live, the yearly benefit for medical
2299 social services shall not exceed two hundred dollars. Each visit by a
2300 representative of a home health agency shall be considered as one home
2301 health care visit and four hours of home health aide service shall be
2302 considered as one home health care visit.

2303 Sec. 80. Subsections (c) to (e), inclusive, of section 38a-522 of the
2304 general statutes are repealed and the following is substituted in lieu
2305 thereof (*Effective October 1, 2021*):

2306 (c) Each Medicare supplement policy shall provide coverage for
2307 home health aide services for each individual covered under the policy
2308 when such services are not paid for by Medicare, provided (1) such

2309 services are provided by a certified home health aide employed by a
2310 home health care agency licensed pursuant to sections 19a-490 to 19a-
2311 503, inclusive, and (2) the individual's physician, physician assistant or
2312 advanced practice registered nurse has certified, in writing, that such
2313 services are medically necessary. The policy shall not be required to
2314 provide benefits in excess of five hundred dollars per year for such
2315 services. No deductible or coinsurance provisions may be applicable to
2316 such benefits. If two or more Medicare supplement policies are issued
2317 to the same individual by the same insurer, such coverage for home
2318 health aide services shall be included in only one such policy.
2319 Notwithstanding the provisions of subsection (g) of this section, the
2320 provisions of this subsection shall apply with respect to any Medicare
2321 supplement policy delivered, issued for delivery, continued or renewed
2322 in this state on or after October 1, 1986.

2323 (d) Whenever a Medicare supplement policy provides coverage for
2324 the cost of prescription drugs prescribed after the hospitalization of the
2325 insured, outpatient surgical procedures performed on the insured in
2326 any licensed hospital shall constitute "hospitalization" for purposes of
2327 such prescription drug coverage in such policy.

2328 (e) Notwithstanding the provisions of subsection (g) of this section,
2329 each Medicare supplement policy delivered, issued for delivery,
2330 continued or renewed in this state on or after October 1, 1988, shall
2331 provide benefits, to any woman covered under the policy, for
2332 mammographic examinations every year, or more frequently if
2333 recommended by the woman's physician, physician assistant or
2334 advanced practice registered nurse, when such examinations are not
2335 paid for by Medicare.

2336 Sec. 81. Subdivision (1) of subsection (a) of section 38a-523 of the
2337 general statutes is repealed and the following is substituted in lieu
2338 thereof (*Effective October 1, 2021*):

2339 (1) "Comprehensive rehabilitation services" shall consist of the
2340 following when provided in a comprehensive rehabilitation facility

2341 pursuant to a plan of care approved in writing by a physician licensed
2342 in accordance with the provisions of chapter 370, a physician assistant
2343 licensed in accordance with the provisions of chapter 370 or an
2344 advanced practice registered nurse licensed in accordance with the
2345 provisions of chapter 378 and reviewed by such physician, physician
2346 assistant or advanced practice registered nurse at least every thirty days
2347 to determine that continuation of such services are medically necessary
2348 for the rehabilitation of the patient: (A) Physician services, physical and
2349 occupational therapy, nursing care, psychological and audiological
2350 services and speech therapy provided by health care professionals who
2351 are licensed by the appropriate state licensing authority to perform such
2352 services; (B) social services by a social worker holding a master's degree
2353 from an accredited school of social work; (C) respiratory therapy by a
2354 certified respiratory therapist; (D) prescription drugs and medicines
2355 which cannot be self-administered; (E) prosthetic and orthotic devices,
2356 including the testing, fitting or instruction in the use of such devices; (F)
2357 other supplies or services prescribed by a physician, a physician
2358 assistant or an advanced practice registered nurse for the rehabilitation
2359 of a patient and ordinarily furnished by a comprehensive rehabilitation
2360 facility.

2361 Sec. 82. Section 38a-530 of the general statutes is repealed and the
2362 following is substituted in lieu thereof (*Effective October 1, 2021*):

2363 (a) For purposes of this section:

2364 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
2365 means the billing codes used by Medicare and overseen by the federal
2366 Centers for Medicare and Medicaid Services that are based on the
2367 current procedural technology codes developed by the American
2368 Medical Association; and

2369 (2) "Mammogram" means mammographic examination or breast
2370 tomosynthesis, including, but not limited to, a procedure with a HCPCS
2371 code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067,
2372 G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

2373 (b) (1) Each group health insurance policy providing coverage of the
2374 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
2375 delivered, issued for delivery, renewed, amended or continued in this
2376 state shall provide benefits for mammograms to any woman covered
2377 under the policy that are at least equal to the following minimum
2378 requirements: (A) A baseline mammogram, which may be provided by
2379 breast tomosynthesis at the option of the woman covered under the
2380 policy, for any woman who is thirty-five to thirty-nine years of age,
2381 inclusive; and (B) a mammogram, which may be provided by breast
2382 tomosynthesis at the option of the woman covered under the policy,
2383 every year for any woman who is forty years of age or older.

2384 (2) Such policy shall provide additional benefits for:

2385 (A) Comprehensive ultrasound screening of an entire breast or
2386 breasts if: (i) A mammogram demonstrates heterogeneous or dense
2387 breast tissue based on the Breast Imaging Reporting and Data System
2388 established by the American College of Radiology; (ii) a woman is
2389 believed to be at increased risk for breast cancer due to (I) family history
2390 or prior personal history of breast cancer, (II) positive genetic testing, or
2391 (III) other indications as determined by a woman's physician, physician
2392 assistant or advanced practice registered nurse; or (iii) such screening is
2393 recommended by a woman's treating physician for a woman who (I) is
2394 forty years of age or older, (II) has a family history or prior personal
2395 history of breast cancer, or (III) has a prior personal history of breast
2396 disease diagnosed through biopsy as benign; and

2397 (B) Magnetic resonance imaging of an entire breast or breasts in
2398 accordance with guidelines established by the American Cancer Society.

2399 (c) Benefits under this section shall be subject to any policy provisions
2400 that apply to other services covered by such policy, except that no such
2401 policy shall impose a coinsurance, copayment, deductible or other out-
2402 of-pocket expense for such benefits. The provisions of this subsection
2403 shall apply to a high deductible health plan, as that term is used in
2404 subsection (f) of section 38a-520, to the maximum extent permitted by

2405 federal law, except if such plan is used to establish a medical savings
2406 account or an Archer MSA pursuant to Section 220 of the Internal
2407 Revenue Code of 1986 or any subsequent corresponding internal
2408 revenue code of the United States, as amended from time to time, or a
2409 health savings account pursuant to Section 223 of said Internal Revenue
2410 Code, as amended from time to time, the provisions of this subsection
2411 shall apply to such plan to the maximum extent that (1) is permitted by
2412 federal law, and (2) does not disqualify such account for the deduction
2413 allowed under said Section 220 or 223, as applicable.

2414 (d) Each mammography report provided to a patient shall include
2415 information about breast density, based on the Breast Imaging
2416 Reporting and Data System established by the American College of
2417 Radiology. Where applicable, such report shall include the following
2418 notice: "If your mammogram demonstrates that you have dense breast
2419 tissue, which could hide small abnormalities, you might benefit from
2420 supplementary screening tests, which can include a breast ultrasound
2421 screening or a breast MRI examination, or both, depending on your
2422 individual risk factors. A report of your mammography results, which
2423 contains information about your breast density, has been sent to your
2424 physician's, physician assistant's or advanced practice registered nurse's
2425 office and you should contact your physician, physician assistant or
2426 advanced practice registered nurse if you have any questions or
2427 concerns about this report."

2428 Sec. 83. Subdivision (1) of subsection (a) of section 38a-530f of the
2429 general statutes is repealed and the following is substituted in lieu
2430 thereof (*Effective October 1, 2021*):

2431 (a) (1) Except as provided in subdivision (2) of this subsection, each
2432 group health insurance policy providing coverage of the type specified
2433 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
2434 issued for delivery, renewed, amended or continued in this state shall
2435 provide coverage for the following benefits and services:

2436 (A) Domestic and interpersonal violence screening and counseling

2437 for any woman;

2438 (B) Tobacco use intervention and cessation counseling for any
2439 woman who consumes tobacco;

2440 (C) Well-woman visits for any woman who is younger than sixty-five
2441 years of age;

2442 (D) Breast cancer chemoprevention counseling for any woman who
2443 is at increased risk for breast cancer due to family history or prior
2444 personal history of breast cancer, positive genetic testing or other
2445 indications as determined by such woman's physician, physician
2446 assistant or advanced practice registered nurse;

2447 (E) Breast cancer risk assessment, genetic testing and counseling;

2448 (F) Chlamydia infection screening for any sexually-active woman;

2449 (G) Cervical and vaginal cancer screening for any sexually-active
2450 woman;

2451 (H) Gonorrhea screening for any sexually-active woman;

2452 (I) Human immunodeficiency virus screening for any sexually-active
2453 woman;

2454 (J) Human papillomavirus screening for any woman with normal
2455 cytology results who is thirty years of age or older;

2456 (K) Sexually transmitted infections counseling for any sexually-active
2457 woman;

2458 (L) Anemia screening for any pregnant woman and any woman who
2459 is likely to become pregnant;

2460 (M) Folic acid supplements for any pregnant woman and any woman
2461 who is likely to become pregnant;

2462 (N) Hepatitis B screening for any pregnant woman;

2463 (O) Rhesus incompatibility screening for any pregnant woman and
2464 follow-up rhesus incompatibility testing for any pregnant woman who
2465 is at increased risk for rhesus incompatibility;

2466 (P) Syphilis screening for any pregnant woman and any woman who
2467 is at increased risk for syphilis;

2468 (Q) Urinary tract and other infection screening for any pregnant
2469 woman;

2470 (R) Breastfeeding support and counseling for any pregnant or
2471 breastfeeding woman;

2472 (S) Breastfeeding supplies, including, but not limited to, a breast
2473 pump for any breastfeeding woman;

2474 (T) Gestational diabetes screening for any woman who is twenty-four
2475 to twenty-eight weeks pregnant and any woman who is at increased risk
2476 for gestational diabetes;

2477 (U) Osteoporosis screening for any woman who is sixty years of age
2478 or older;

2479 (V) Such additional evidence-based items or services not described in
2480 subparagraphs (A) to (U), inclusive, of this subdivision that receive a
2481 rating of "A" or "B" in any recommendations of the United States
2482 Preventive Services Task Force effective after January 1, 2018; and

2483 (W) With respect to infants, children and adolescents, evidence-
2484 informed preventive care and screenings provided for in the
2485 comprehensive guidelines supported by the United States Health
2486 Resources and Services Administration, as effective on January 1, 2018,
2487 and such additional preventive care and screenings provided for in any
2488 comprehensive guidelines supported by said administration and
2489 effective after January 1, 2018.

2490 Sec. 84. Subsection (i) of section 47-88b of the general statutes is

2491 repealed and the following is substituted in lieu thereof (*Effective October*
2492 *1, 2021*):

2493 (i) After the conversion of a dwelling unit in a building to
2494 condominium ownership, the declarant or unit owner, for the purpose
2495 of determining if a lessee's eviction is prohibited under subsection (b) of
2496 section 47a-23c, may ask any lessee to provide proof of the age,
2497 blindness or physical disability of such lessee or any person residing
2498 with him, or of the familial relationship existing between such lessee
2499 and any person residing with him. The lessee shall provide such proof,
2500 including, in the case of alleged physical disability, a statement of a
2501 physician, a physician assistant or an advanced practice registered nurse
2502 or, in the case of alleged blindness, a statement of a physician, an
2503 advanced practice registered nurse or an optometrist, within thirty
2504 days.

2505 Sec. 85. Subsection (d) of section 47a-23c of the general statutes is
2506 repealed and the following is substituted in lieu thereof (*Effective October*
2507 *1, 2021*):

2508 (d) A landlord, to determine whether a tenant is a protected tenant,
2509 may request proof of such protected status. On such request, any tenant
2510 claiming protection shall provide proof of the protected status within
2511 thirty days. The proof shall include a statement of a physician, a
2512 physician assistant or an advanced practice registered nurse in the case
2513 of alleged blindness or other physical disability.

2514 Sec. 86. Subsection (c) of section 51-217 of the general statutes is
2515 repealed and the following is substituted in lieu thereof (*Effective October*
2516 *1, 2021*):

2517 (c) The Jury Administrator shall have the authority to establish and
2518 maintain a list of persons to be excluded from the summoning process,
2519 which shall consist of (1) persons who are disqualified from serving on
2520 jury duty on a permanent basis due to a disability for which a licensed
2521 physician, a physician assistant or an advanced practice registered nurse

2522 has submitted a letter stating the physician's, physician assistant's or
2523 advanced practice registered nurse's opinion that such disability
2524 permanently prevents the person from rendering satisfactory jury
2525 service, (2) persons seventy years of age or older who have requested
2526 not to be summoned, (3) elected officials enumerated in subdivision (4)
2527 of subsection (a) of this section and judges enumerated in subdivision
2528 (5) of subsection (a) of this section during their term of office, and (4)
2529 persons excused from jury service pursuant to section 51-217a who have
2530 not requested to be summoned for jury service pursuant to said section.
2531 Persons requesting to be excluded pursuant to subdivisions (1) and (2)
2532 of this subsection must provide the Jury Administrator with their
2533 names, addresses, dates of birth and federal Social Security numbers for
2534 use in matching. The request to be excluded may be rescinded at any
2535 time with written notice to the Jury Administrator.

2536 Sec. 87. Subsection (b) of section 54-204 of the general statutes is
2537 repealed and the following is substituted in lieu thereof (*Effective October*
2538 *1, 2021*):

2539 (b) In order to be eligible for compensation services under sections
2540 54-201 to 54-218, inclusive, the applicant shall, prior to a determination
2541 on any application made pursuant to sections 54-201 to 54-218,
2542 inclusive, submit reports if reasonably available from all physicians,
2543 surgeons, physician assistants, advanced practice registered nurses or
2544 mental health professionals who have treated or examined the victim in
2545 relation to the injury for which compensation is claimed at the time of
2546 or subsequent to the victim's injury or death. If in the opinion of the
2547 Office of Victim Services or, on review, a victim compensation
2548 commissioner, reports on the previous medical history of the victim,
2549 examination of the injured victim and a report thereon or a report on the
2550 cause of death of the victim by an impartial medical expert would be of
2551 material aid to its just determination, said office or commissioner shall
2552 order such reports and examinations. Any information received which
2553 is confidential in accordance with any provision of the general statutes
2554 shall remain confidential while in the custody of the Office of Victim

2555 Services or a victim compensation commissioner.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2021</i>	19a-404
Sec. 2	<i>October 1, 2021</i>	21a-223
Sec. 3	<i>October 1, 2021</i>	52-557b(a)(1)
Sec. 4	<i>October 1, 2021</i>	19a-508a
Sec. 5	<i>July 1, 2021</i>	19a-285a
Sec. 6	<i>July 1, 2021</i>	20-195ppp
Sec. 7	<i>July 1, 2021</i>	New section
Sec. 8	<i>July 1, 2021</i>	New section
Sec. 9	<i>October 1, 2021</i>	3-39j(5)
Sec. 10	<i>October 1, 2021</i>	3-123aa(b)
Sec. 11	<i>October 1, 2021</i>	10-183b(16)
Sec. 12	<i>October 1, 2021</i>	10a-155(a)
Sec. 13	<i>October 1, 2021</i>	10a-155a
Sec. 14	<i>October 1, 2021</i>	12-94
Sec. 15	<i>October 1, 2021</i>	12-129c(a)
Sec. 16	<i>October 1, 2021</i>	12-170aa(f)
Sec. 17	<i>October 1, 2021</i>	12-170f(a)
Sec. 18	<i>October 1, 2021</i>	12-170w(a)
Sec. 19	<i>October 1, 2021</i>	14-73(b)
Sec. 20	<i>October 1, 2021</i>	14-100a(c)(2)
Sec. 21	<i>October 1, 2021</i>	14-286(c)
Sec. 22	<i>October 1, 2021</i>	14-314c(a)
Sec. 23	<i>October 1, 2021</i>	16-262c(b)(1)
Sec. 24	<i>October 1, 2021</i>	16-262d(b)
Sec. 25	<i>October 1, 2021</i>	17a-81(a)
Sec. 26	<i>October 1, 2021</i>	17b-233
Sec. 27	<i>October 1, 2021</i>	17b-236
Sec. 28	<i>October 1, 2021</i>	17b-261p(f)
Sec. 29	<i>October 1, 2021</i>	17b-278d
Sec. 30	<i>October 1, 2021</i>	18-94
Sec. 31	<i>October 1, 2021</i>	19a-2a
Sec. 32	<i>October 1, 2021</i>	19a-26(a)
Sec. 33	<i>October 1, 2021</i>	19a-264
Sec. 34	<i>October 1, 2021</i>	19a-535(b)
Sec. 35	<i>October 1, 2021</i>	19a-535(e)

Sec. 36	<i>October 1, 2021</i>	19a-550(a)
Sec. 37	<i>October 1, 2021</i>	19a-571(a) to (c)
Sec. 38	<i>October 1, 2021</i>	19a-580
Sec. 39	<i>October 1, 2021</i>	19a-581(12)
Sec. 40	<i>October 1, 2021</i>	19a-582(d)(5) to (7)
Sec. 41	<i>October 1, 2021</i>	19a-592(a)
Sec. 42	<i>October 1, 2021</i>	20-14m
Sec. 43	<i>October 1, 2021</i>	20-41a(e)
Sec. 44	<i>October 1, 2021</i>	20-73b(c)
Sec. 45	<i>October 1, 2021</i>	20-74ff(f)
Sec. 46	<i>October 1, 2021</i>	20-126c(f)
Sec. 47	<i>October 1, 2021</i>	20-126l(i)
Sec. 48	<i>October 1, 2021</i>	20-132a(e)
Sec. 49	<i>October 1, 2021</i>	20-162r(e)
Sec. 50	<i>October 1, 2021</i>	20-191c(d)
Sec. 51	<i>October 1, 2021</i>	20-201a(f)
Sec. 52	<i>October 1, 2021</i>	20-206bb(e)(3)
Sec. 53	<i>October 1, 2021</i>	20-395d(f)
Sec. 54	<i>October 1, 2021</i>	20-402(b)(3)
Sec. 55	<i>October 1, 2021</i>	20-411a(f)
Sec. 56	<i>October 1, 2021</i>	20-631(a) and (b)
Sec. 57	<i>October 1, 2021</i>	20-631a(a) and (b)
Sec. 58	<i>October 1, 2021</i>	21a-217
Sec. 59	<i>October 1, 2021</i>	22a-616(b)
Sec. 60	<i>October 1, 2021</i>	26-29a
Sec. 61	<i>October 1, 2021</i>	26-29b
Sec. 62	<i>October 1, 2021</i>	31-51rr(b)
Sec. 63	<i>October 1, 2021</i>	31-235(c)(1)
Sec. 64	<i>October 1, 2021</i>	31-294d(a) to (f)
Sec. 65	<i>October 1, 2021</i>	31-294i
Sec. 66	<i>October 1, 2021</i>	31-308(a)
Sec. 67	<i>October 1, 2021</i>	38a-457(a)(1)
Sec. 68	<i>October 1, 2021</i>	38a-465g
Sec. 69	<i>October 1, 2021</i>	38a-489(a)
Sec. 70	<i>October 1, 2021</i>	38a-492e(b)
Sec. 71	<i>October 1, 2021</i>	38a-492m
Sec. 72	<i>October 1, 2021</i>	38a-493(b) to (e)
Sec. 73	<i>October 1, 2021</i>	38a-495(c) to (e)
Sec. 74	<i>October 1, 2021</i>	38a-496(a)(1)
Sec. 75	<i>October 1, 2021</i>	38a-503(b) to (d)

Sec. 76	<i>October 1, 2021</i>	38a-515(a)
Sec. 77	<i>October 1, 2021</i>	38a-518e(b)
Sec. 78	<i>October 1, 2021</i>	38a-518l
Sec. 79	<i>October 1, 2021</i>	38a-520(b) to (e)
Sec. 80	<i>October 1, 2021</i>	38a-522(c) to (e)
Sec. 81	<i>October 1, 2021</i>	38a-523(a)(1)
Sec. 82	<i>October 1, 2021</i>	38a-530
Sec. 83	<i>October 1, 2021</i>	38a-530f(a)(1)
Sec. 84	<i>October 1, 2021</i>	47-88b(i)
Sec. 85	<i>October 1, 2021</i>	47a-23c(d)
Sec. 86	<i>October 1, 2021</i>	51-217(c)
Sec. 87	<i>October 1, 2021</i>	54-204(b)

PH *Joint Favorable Subst.*