AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

Section 1. Section 19a-490 of the 2022 supplement to the general statutes, as amended by sections 29 and 30 of public act 21-2 of the June special session, is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

As used in this chapter, unless the context otherwise requires:

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, clinical laboratory, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities.
operated and maintained by any state agency; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability. "Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital and the hospital and psychiatric residential treatment facility units of the Albert J. Solnit Children's Center;

(b) "Hospital" means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals;

(c) "Residential care home" or "rest home" means a community residence that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services that meet a need beyond the basic provisions of food, shelter and laundry and may qualify as a setting that allows residents to receive home and community-based services funded by state and federal programs;

(d) "Home health care agency" means a public or private organization, or a subdivision thereof, engaged in providing professional nursing services and the following services, available twenty-four hours per day, in the patient's home or a substantially equivalent environment: Home health aide services as defined in this section, physical therapy, speech therapy, occupational therapy or medical social services. The agency shall provide professional nursing services and at least one additional service directly and all others directly or through contract. An agency shall be available to enroll new patients seven days a week, twenty-four hours per day;

(e) "Home health aide agency" means a public or private organization, except a home health care agency, which provides in the
patient's home or a substantially equivalent environment supportive services which may include, but are not limited to, assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management. Such supportive services shall be provided under the supervision of a registered nurse and, if such nurse determines appropriate, shall be provided by a social worker, physical therapist, speech therapist or occupational therapist. Such supervision may be provided directly or through contract;

(f) "Home health aide services" as defined in this section shall not include services provided to assist individuals with activities of daily living when such individuals have a disease or condition that is chronic and stable as determined by a physician licensed in the state;

(g) "Behavioral health facility" means any facility that provides mental health services to persons eighteen years of age or older or substance use disorder services to persons of any age in an outpatient treatment or residential setting to ameliorate mental, emotional, behavioral or substance use disorder issues;

(h) ["Alcohol or drug treatment facility" means any facility for the care or treatment of persons suffering from alcoholism or other drug addiction] "Clinical laboratory" means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues for the purpose of providing information for the (1) diagnosis, prevention or treatment of any human disease or impairment, (2) assessment of human health, or (3) the presence of drugs, poisons or other toxicological substances;

(i) "Person" means any individual, firm, partnership, corporation, limited liability company or association;

(j) "Commissioner" means the Commissioner of Public Health or the commissioner's designee;
(k) "Home health agency" means an agency licensed as a home health care agency or a home health aide agency;

(l) "Assisted living services agency" means an agency that provides, among other things, nursing services and assistance with activities of daily living to a population that is chronic and stable and may have a dementia special care unit or program as defined in section 19a-562;

(m) "Outpatient clinic" means an organization operated by a municipality or a corporation, other than a hospital, that provides (1) ambulatory medical care, including preventive and health promotion services, (2) dental care, or (3) mental health services in conjunction with medical or dental care for the purpose of diagnosing or treating a health condition that does not require the patient's overnight care;

(n) "Multicare institution" means a hospital that provides outpatient behavioral health services or other health care services, psychiatric outpatient clinic for adults, free-standing facility for the care or treatment of substance abusive or dependent persons, hospital for psychiatric disabilities, as defined in section 17a-495, or a general acute care hospital that provides outpatient behavioral health services that (1) is licensed in accordance with this chapter, (2) has more than one facility or one or more satellite units owned and operated by a single licensee, and (3) offers complex patient health care services at each facility or satellite unit. For purposes of this subsection, "satellite unit" means a location where a segregated unit of services is provided by the multicare institution;

(o) "Nursing home" or "nursing home facility" means (1) any chronic and convalescent nursing home or any rest home with nursing supervision that provides nursing supervision under a medical director twenty-four hours per day, or (2) any chronic and convalescent nursing home that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, acute diseases or injuries;

(p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient
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Section 2. Subsection (a) of section 19a-491c of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(a) As used in this section:

(1) "Criminal history and patient abuse background search" or "background search" means (A) a review of the registry of nurse's aides maintained by the Department of Public Health pursuant to section 20-102bb, (B) checks of state and national criminal history records conducted in accordance with section 29-17a, and (C) a review of any other registry specified by the Department of Public Health which the department deems necessary for the administration of a background search program.

(2) "Direct access" means physical access to a patient or resident of a long-term care facility that affords an individual with the opportunity
to commit abuse or neglect against or misappropriate the property of a patient or resident.

(3) "Disqualifying offense" means a conviction of (A) any crime described in 42 USC 1320a-7(a)(1), (2), (3) or (4), (B) a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c, 53a-61a, 53a-321, 53a-322 or 53a-323.

(4) "Long-term care facility" means any facility, agency or provider that is a nursing home, as defined in section 19a-521, a residential care home, as defined in section 19a-521, a home health care agency, hospice agency or home health aide agency, as defined in section 19a-490, as amended by this act, an assisted living services agency, as defined in section 19a-490, as amended by this act, an intermediate care facility for individuals with intellectual disabilities, as defined in 42 USC 1396d(d), except any such facility operated by a Department of Developmental Services' program subject to background checks pursuant to section 17a-227a, a chronic disease hospital, as defined in section [19a-550] 19a-490, as amended by this act, or an agency providing hospice care which is licensed to provide such care by the Department of Public Health or certified to provide such care pursuant to 42 USC 1395x.

Sec. 3. Section 19a-535b of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

[(a) As used in this section, a "facility" means a chronic disease hospital which is a long-term hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of chronic diseases.]

[(b)] A [facility] chronic disease hospital shall not transfer or discharge a patient from [the facility] such hospital except for medical reasons, or for the patient's welfare or the welfare of other patients, as documented in the patient's medical record; or, in the case of a self pay
patient, for nonpayment or arrearage of more than fifteen days of the
per diem chronic disease hospital room rates for the patient's stay,
except as prohibited by the Social Security Act. In the case of an
involuntary transfer or discharge, the patient and, if known, the
patient's legally liable relative, guardian or conservator and the patient's
personal physician, if the discharge plan is prepared by the medical
director of the chronic disease hospital, shall be given at least thirty
days' written notice of the proposed action to ensure orderly transfer or
discharge.

Sec. 4. Subsection (a) of section 19a-537 of the general statutes is
repealed and the following is substituted in lieu thereof (Effective October
1, 2022):

(a) As used in this section and section 19a-537a:

(1) "Vacancy" means a bed that is available for an admission;

(2) "Nursing home" means any chronic and convalescent facility or
any rest home with nursing supervision, as defined in section 19a-521;

(3) "Hospital" means a general short-term hospital licensed by the
Department of Public Health or a hospital for mental illness, as defined
in section 17a-495, or a chronic disease hospital, as defined in section
19-13-D1(a) of the Public Health Code.

Sec. 5. Subsection (a) of section 19a-550 of the 2022 supplement to the
general statutes is repealed and the following is substituted in lieu
thereof (Effective October 1, 2022):

(a) (1) As used in this section, (A) "nursing home facility" has the same
meaning as provided in section 19a-521, and (B) "residential care home"
has the same meaning as provided in section 19a-521; and (C) "chronic
disease hospital" means a long-term hospital having facilities, medical
staff and all necessary personnel for the diagnosis, care and treatment
of chronic diseases; and (2) for the purposes of subsections (c) and (d)
of this section, and subsection (b) of section 19a-537, "medically
contraindicated" means a comprehensive evaluation of the impact of a potential room transfer on the patient's physical, mental and psychosocial well-being, which determines that the transfer would cause new symptoms or exacerbate present symptoms beyond a reasonable adjustment period resulting in a prolonged or significant negative outcome that could not be ameliorated through care plan intervention, as documented by a physician, physician assistant or an advanced practice registered nurse in a patient's medical record.

Sec. 6. Subsections (a) to (e), inclusive, of section 20-185r of the general statutes are repealed and the following is substituted in lieu thereof (October 1, 2022):

(a) As used in this section:

(1) "Central service technician" means a person who decontaminates, inspects, assembles, packages and sterilizes reusable medical instruments or devices for a health care facility, whether such person is employed by the health care facility or provides services pursuant to a contract with the health care facility;

(2) "Health care facility" means an outpatient surgical facility, as defined in section 19a-493b, or a hospital, as defined in section 19a-490, as amended by this act, but does not include a chronic disease hospital, as defined in section 19a-550, as amended by this act;

(3) "Health care provider" means a person or organization that provides health care services and is licensed in accordance with this title; and

(4) "Central service department" means a department within a health care facility that processes, issues and controls medical supplies, devices and equipment, both sterile and nonsterile, for patient care areas of a health care facility.

(b) Unless otherwise permitted pursuant to this section, no person shall practice as a central service technician unless such person (1) (A)
has successfully passed a nationally accredited central service exam for central service technicians and holds and maintains one of the following credentials: (i) A certified registered central service technician credential administered by the International Association of Healthcare Central Service Materiel Management, or its successor organization, or (ii) a certified sterile processing and distribution technician credential administered by the Certification Board for Sterile Processing and Distribution, Inc., or (B) was employed or otherwise contracted for services as a central service technician by a health care facility before January 1, 2016, or (2) obtains a certified registered central service technician credential administered by the International Association of Healthcare Central Service Materiel Management, or its successor organization, or a certified sterile processing and distribution technician credential administered by the Certification Board for Sterile Processing and Distribution, Inc., not later than two years after such person's date of hire or contracting for services with the health care facility.

(c) A central service technician shall complete a minimum of ten hours of continuing education annually. The continuing education shall be in areas related to the functions of a central service technician.

(d) A health care facility shall, upon the written request of a central service technician, verify, in writing, the central service technician's dates of employment or the contract period during which the central service technician provided services to the health care facility.

(e) Nothing in this section shall prohibit the following persons from performing the tasks or functions of a central service technician: (1) A health care provider; (2) a student or intern performing the functions of a central service technician under the direct supervision of a health care provider as part of the student's or intern's training or internship; or (3) a person who does not work in a central service department in a health care facility, but who has been specially trained and determined competent, based on standards set by a health care facility's infection prevention or control committee, acting in consultation with a central service technician certified in accordance with subsection (b) of this
section, to decontaminate or sterilize reusable medical equipment, instruments or devices, in a manner that meets applicable manufacturer's instructions and standards.

Sec. 7. Subsection (a) of section 12-20a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(a) Until the fiscal year commencing July 1, 2016, on or before January first, annually, the Secretary of the Office of Policy and Management shall determine the amount due to each municipality in the state, in accordance with this section, as a state grant in lieu of taxes with respect to real property owned by any private nonprofit institution of higher learning or any nonprofit general hospital facility or freestanding chronic disease hospital or an urgent care facility that operates for at least twelve hours a day and that had been the location of a nonprofit general hospital for at least a portion of calendar year 1996 to receive payments in lieu of taxes for such property, exclusive of any such facility operated by the federal government, except a campus of the United States Department of Veterans Affairs Connecticut Healthcare Systems, or the state of Connecticut or any subdivision thereof. As used in this section, "private nonprofit institution of higher learning" means any such institution, as defined in subsection (a) of section 10a-34, or any independent institution of higher education, as defined in subsection (a) of section 10a-173, that is engaged primarily in education beyond the high school level, and offers courses of instruction for which college or university-level credit may be given or may be received by transfer, the property of which is exempt from property tax under any of the subdivisions of section 12-81, as amended by this act; "nonprofit general hospital facility" means any such facility that is used primarily for the purpose of general medical care and treatment, exclusive of any hospital facility used primarily for the care and treatment of special types of disease or physical or mental conditions; and "freestanding chronic disease hospital" [means a facility that provides for the care and treatment of chronic diseases] has the same meaning as "chronic disease hospital" as defined in section 19a-490, as amended by this act,
excluding any such facility having an ownership affiliation with and
operated in the same location as a chronic and convalescent nursing
home.

Sec. 8. Section 17b-368 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2022):

On or before July 1, 2004, the Department of Social Services shall,
within the limits of available Medicaid funding, implement a pilot
project in Greater Hartford with a chronic disease hospital colocated
with a skilled nursing facility and with the facilities, medical staff and
all necessary personnel for the diagnosis, care and treatment of chronic
or geriatric mental conditions that require prolonged hospital or
restorative care. For purposes of this section, "chronic disease hospital"
[means a long-term hospital with facilities, medical staff and all
necessary personnel for the diagnosis, care and treatment of chronic
physical and geriatric mental health conditions that require prolonged
hospital or restorative care] has the same meaning as provided in section
19a-490, as amended by this act.

Sec. 9. Subsection (a) of section 19a-491 of the 2022 supplement to the
general statutes is repealed and the following is substituted in lieu
thereof (Effective from passage):

(a) No person acting individually or jointly with any other person
shall establish, conduct, operate or maintain an institution in this state
without a license as required by this chapter, except for persons issued
a license by the Commissioner of Children and Families pursuant to
section 17a-145 for the operation of (1) a substance abuse treatment
facility, or (2) a facility for the purpose of caring for women during
pregnancies and for women and their infants following such
pregnancies, provided such exception shall not apply to the hospital and
psychiatric residential treatment facility units of the Albert J. Solnit
Children's Center. Application for such license shall (A) be made to the
Department of Public Health upon forms provided by it, (B) be
accompanied by the fee required under subsection (c), (d) or (e) of this
section, (C) contain such information as the department requires, which
may include affirmative evidence of ability to comply with reasonable
standards and regulations prescribed under the provisions of this
chapter, and (D) not be required to be notarized. The commissioner may
require as a condition of licensure that an applicant sign a consent order
providing reasonable assurances of compliance with the Public Health
Code. The commissioner may issue more than one chronic disease
hospital license to a single institution until such time as the state offers
a rehabilitation hospital license.

Sec. 10. Subsection (a) of section 19a-497 of the general statutes is
repealed and the following is substituted in lieu thereof (Effective October
1, 2022):

(a) Each institution shall, upon receipt of a notice of intention to strike
by a labor organization representing the employees of such institution,
in accordance with the provisions of the National Labor Relations Act,
29 USC 158, file a strike contingency plan with the commissioner not
later than five days before the date indicated for the strike. Such strike
contingency plan shall include the institution's staffing plan for at least
the first three days of such strike. The strike contingency plan shall
include, but need not be limited to, the names and titles of the
individuals who will be providing services at the institution.

Sec. 11. Subsections (a) and (b) of section 19a-515 of the general
statutes are repealed and the following is substituted in lieu thereof
(Effective from passage):

(a) Each nursing home administrator's license issued pursuant to the
provisions of sections 19a-511 to 19a-520, inclusive, shall be renewed
once every two years, in accordance with section 19a-88, except for
cause, by the Department of Public Health, upon forms to be furnished
by said department and upon the payment to said department, by each
applicant for license renewal, of the sum of two hundred five dollars.
Each such fee shall be remitted to the Department of Public Health on
or before the date prescribed under section 19a-88. Such renewals shall
be granted unless said department finds the applicant has acted or failed
to act in such a manner or under such circumstances as would constitute
grounds for suspension or revocation of such license.

(b) Each licensee shall complete a minimum of forty hours of
continuing education every two years, including, but not limited to,
training in (1) Alzheimer's disease and dementia symptoms and care,
and (2) infection prevention and control. Such two-year period shall
commence on the first date of renewal of the licensee's license after
January 1, 2004. The continuing education shall be in areas related to the
licensee's practice. Qualifying continuing education activities are
courses offered or approved by the Connecticut Association of
Healthcare Facilities, LeadingAge Connecticut, Inc., the Connecticut
Assisted Living Association, the Connecticut Alliance for Subacute
Care, Inc., the Connecticut Chapter of the American College of Health
Care Administrators, the Association For Long Term Care Financial
Managers, the Alzheimer's Association or any accredited college or
university, or programs presented or approved by the National
Continuing Education Review Service of the National Association of
Boards of Examiners of Long Term Care Administrators, the
Association for Professionals in Infection Control and Epidemiology or
by federal or state departments or agencies.

Sec. 12. Subsection (a) of section 19a-492e of the 2022 supplement to
the general statutes is repealed and the following is substituted in lieu
thereof (Effective October 1, 2022):

(a) For purposes of this section "home health care agency" and
"hospice agency" have the same meanings as provided in section 19a-
490, as amended by this act. Notwithstanding the provisions of chapter
378, a registered nurse may delegate the administration of medications
that are not administered by injection to home health aides and hospice
aides who have obtained (1) certification and recertification every three
years thereafter for medication administration in accordance with
regulations adopted pursuant to subsection (b) of this section, or (2) a
current certification from the Department of Children and Families or
the Department of Developmental Services in accordance with section 19a-495a, as amended by this act, unless the prescribing practitioner specifies that a medication shall only be administered by a licensed nurse. [Any home health aide or hospice aide who obtained certification in the administration of medications on or before June 30, 2015, shall obtain recertification on or before July 1, 2018.]

Sec. 13. Subsections (a) and (b) of section 19a-495a of the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(a) (1) The Commissioner of Public Health may adopt regulations, as provided in subsection (d) of this section, to require each residential care home [, as defined in section 19a-490] that admits residents requiring assistance with medication administration, to (A) designate unlicensed personnel to obtain certification for the administration of medication from the Department of Public Health, Department of Children and Families or Department of Developmental Services, and (B) ensure that such unlicensed personnel receive such certification and recertification every three years thereafter from the Department of Public Health, Department of Children and Families or Department of Developmental Services.

(2) Any regulations adopted pursuant to this subsection shall establish criteria to be used by such homes in determining (A) the appropriate number of unlicensed personnel who shall obtain such certification and recertification, and (B) training requirements, including ongoing training requirements for such certification and recertification.

(3) Training requirements for initial certification and recertification shall include, but shall not be limited to: Initial orientation, resident rights, identification of the types of medication that may be administered by unlicensed personnel, behavioral management, personal care, nutrition and food safety, and health and safety in general.
(b) Each residential care home, as defined in section 19a-490, shall ensure that an appropriate number of unlicensed personnel, as determined by the residential care home, obtain certification and recertification for the administration of medication from the Department of Public Health, Department of Children and Families or Department of Developmental Services. Certification and recertification of such personnel shall be in accordance with any regulations adopted pursuant to this section, except any personnel who obtained certification in the administration of medication on or before June 30, 2015, shall obtain recertification on or before July 1, 2018. Unlicensed personnel obtaining such certification and recertification may administer medications that are not administered by injection to residents of such homes, unless a resident's physician specifies that a medication only be administered by licensed personnel.

Sec. 14. (Effective from passage) The Commissioner of Public Health shall conduct a scope of practice review pursuant to sections 19a-16d to 19a-16f, inclusive, of the general statutes, as amended by this act, to determine whether the Department of Public Health should regulate midwives who are not eligible for licensure as nurse-midwives, licensed pursuant to chapter 377 of the general statutes. The commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, the findings of such review and any recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health on or before February 1, 2023.

Sec. 15. Section 20-90 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) [Said board may adopt a seal. The Commissioner of Public Health, with advice and assistance from the board, and in consultation with the State Board of Education, shall adopt regulations, in accordance with the provisions of chapter 54, permitting and setting standards for courses for the training of practical nurses to be offered in high schools or by the Technical Education and Career System for students who have not yet acquired a high school diploma. Students who satisfactorily]
complete courses approved by said Board of Examiners for Nursing, with the consent of the Commissioner of Public Health, as meeting such standards shall be given credit for each such course toward the requirements for a practical nurse's license. All schools of nursing in this state, except such schools accredited by the National League for Nursing or other professional accrediting association approved by the United States Department of Education and recognized by the Commissioner of Public Health, and all schools for training licensed practical nurses and all hospitals connected to such schools] The Connecticut State Board of Examiners for Nursing shall have the following duties: (1) Hear and decide matters concerning suspension or revocation of licensure; (2) adjudicate complaints filed against practitioners licensed under this chapter and impose sanctions where appropriate; (3) approve schools of nursing in the state that prepare persons for examination under the provisions of this chapter; and (4) consult, where possible, with national recognized accrediting agencies when approving schools pursuant to subdivision (3) of this subsection. The board may adopt a seal.

(b) All schools of nursing in the state that prepare persons for examination under the provisions of this chapter, shall be (1) visited periodically by a representative of the Department of Public Health who shall be a registered nurse or a person experienced in the field of nursing education, and (2) approved by the Connecticut State Board of Examiners for Nursing pursuant to subdivisions (3) and (4) of subsection (a) of this section.

(c) The [board shall keep] Department of Public Health shall post a list of all nursing programs and all programs for training licensed practical nurses that are approved by [it, with the consent of the Commissioner of Public Health, as maintaining] the Connecticut State Board of Examiners for Nursing and maintain the standard for the education of nurses and the training of licensed practical nurses as established by the [commissioner. The board shall consult, where possible, with nationally recognized accrediting agencies when approving schools] Commissioner of Public Health on the department's Internet web site.
[(b)] (d) Said board shall (1) hear and decide matters concerning suspension or revocation of licensure, (2) adjudicate complaints filed against practitioners licensed under this chapter and impose sanctions where appropriate.

Sec. 16. Subsections (c) and (d) of section 19a-16d of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September [fifteenth] first of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's Internet web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than [October first] September fifteenth of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October [fifteenth] first of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.
Sec. 17. Subsection (a) of section 19a-16e of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) On or before [November first] October fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each timely scope of practice request submitted to the department pursuant to section 19a-16d, as amended by this act. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 19a-16d, as amended by this act, to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

Sec. 18. Subsection (c) of section 20-132a of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(c) (1) Except as provided in this section, a licensee who is actively engaged in the practice of optometry shall earn a minimum of twenty hours of continuing education each registration period. The subject
matter for continuing education shall reflect the professional needs of
the licensee in order to meet the health care needs of the public, and shall
include [(1)] (A) not less than six hours in any of the following areas:
Pathology, detection of diabetes and ocular treatment; and [(2)] (B) not
less than six hours in treatment as it applies to the use of ocular agents-
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(2) Coursework shall be provided in the following manner: (A) Not
less than ten hours shall be earned through direct, live instruction that
the licensee physically attends; [either individually or as part of a group
of participants or through a formal home study or distance learning
program. Not] (B) not more than ten hours shall be earned through
synchronous online education with opportunities for live interaction;
(C) not more than [six] five hours shall be earned through [a home study
or other distance learning program] asynchronous online education,
distance learning or home study; and (D) not more than six hours shall
be in practice management. For the purposes of this subdivision,
"synchronous online education" means live online classes that are
conducted in real time and "asynchronous online education" means a
program where the instructor, learner and other participants are not
engaged in the learning process at the same time, there is no real-time
interaction between participants and instructors and the educational
content is created and made available for later consumption.

(3) Qualifying continuing education activities include, but are not
limited to, courses offered or approved by the Council on Optometric
Practitioner Education of the Association of Regulatory Boards of
Optometry, the American Optometric Association or state or local
optometry associations and societies that are affiliated with the
American Optometric Association, a hospital or other health care
institution, a school or college of optometry or other institution of higher
education accredited or recognized by the Council on Optometric
Practitioner Education or the American Optometric Association, a state
or local health department, or a national, state or local medical
association.
Sec. 19. Subsection (b) of section 19a-14c of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(b) A psychiatrist licensed pursuant to chapter 370, a psychologist licensed pursuant to chapter 383, [an independent] a clinical social worker [certified] licensed pursuant to chapter 383b or a marital and family therapist licensed pursuant to chapter 383a may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the request of the minor if (1) requiring the consent or notification of a parent or guardian would cause the minor to reject such treatment; (2) the provision of such treatment is clinically indicated; (3) the failure to provide such treatment would be seriously detrimental to the minor's well-being; (4) the minor has knowingly and voluntarily sought such treatment; and (5) in the opinion of the provider of treatment, the minor is mature enough to participate in treatment productively. The provider of such treatment shall document the reasons for any determination made to treat a minor without the consent or notification of a parent or guardian and shall include such documentation in the minor's clinical record, along with a written statement signed by the minor stating that (A) the minor is voluntarily seeking such treatment; (B) the minor has discussed with the provider the possibility of involving his or her parent or guardian in the decision to pursue such treatment; (C) the minor has determined it is not in his or her best interest to involve his or her parent or guardian in such decision; and (D) the minor has been given adequate opportunity to ask the provider questions about the course of his or her treatment.

Sec. 20. Subsection (b) of section 20-12j of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(b) Each person holding a license as a physician assistant shall, annually, during the month of such person's birth, [register] renew such license with the Department of Public Health, upon payment of a fee of one hundred fifty-five dollars, on [blanks] a form to be [furnished]
provided by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. No such license shall be renewed unless the department is satisfied that the practitioner (1) has met the mandatory continuing medical education requirements of the National Commission on Certification of Physician Assistants or a successor organization for the certification or recertification of physician assistants that may be approved by the department; (2) has passed any examination or continued competency assessment the passage of which may be required by said commission for maintenance of current certification by said commission; (3) has completed not less than one contact hour of training or education in prescribing controlled substances and pain management in the preceding two-year period; and (4) for registration periods beginning on [or before] and after January 1, 2022, during the first renewal period and not less than once every six years thereafter, earn not less than two contact hours of training or education screening for post-traumatic stress disorder, risk of suicide, depression and grief and suicide prevention training administered by the American [Association] Academy of Physician Assistants, or the American Academy of Physician Assistants' successor organization, a hospital or other licensed health care institution or a regionally accredited institution of higher education.

Sec. 21. Subparagraph (B) of subdivision (8) of section 19a-177 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(B) On or before [December 31, 2018] April 1, 2023, and annually thereafter, the commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the emergency medical service organization that provided each such
level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

Sec. 22. Subdivision (5) of section 14-1 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(5) "Authorized emergency vehicle" means (A) a fire department vehicle, (B) a police vehicle, or (C) an ambulance authorized emergency medical services vehicle, as defined in section 19a-175;

Sec. 23. Subsection (a) of section 19a-30 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(a) As used in this section, "clinical laboratory" [means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances] has the same meaning as provided in section 19a-490, as amended by this act.

Sec. 24. Section 19a-31b of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):
No clinical laboratory, as defined in section [19a-30] 19a-490, as amended by this act, that offers hair follicle drug testing as part of its array of diagnostic testing services shall refuse to administer a hair follicle drug test that has been ordered by a physician or physician assistant, licensed under chapter 370, or an advanced practice registered nurse, licensed under chapter 378.

Sec. 25. Subdivisions (1) and (2) of subsection (a) of section 19a-72 of the 2022 supplement to the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(1) "Clinical laboratory" [means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances] has the same meaning as provided in section 19a-490, as amended by this act;

(2) "Hospital" [means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals] has the same meaning as provided in section 19a-490, as amended by this act;

Sec. 26. Subdivision (1) of subsection (a) of section 19a-215 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from October 1, 2022):

(1) "Clinical laboratory" [means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or
impairment, for the assessment of human health or for the presence of
drugs, poisons or other toxicological substances] has the same meaning
as provided in section 19a-490, as amended by this act.

Sec. 27. Subsection (a) of section 19a-269b of the general statutes is
repealed and the following is substituted in lieu thereof (Effective October
1, 2022):

(a) As used in this section, "clinical laboratory" has the same meaning
as provided in section 19a-30, 19a-490, as amended by this act.

Sec. 28. Subsection (d) of section 20-7a of the general statutes is
repealed and the following is substituted in lieu thereof (Effective October
1, 2022):

(d) No person or entity, other than a physician licensed under chapter
370, a clinical laboratory, as defined in section 19a-30, 19a-490, as
amended by this act, or a referring clinical laboratory, shall directly or
indirectly charge, bill or otherwise solicit payment for the provision of
anatomic pathology services, unless such services were personally
rendered by or under the direct supervision of such physician, clinical
laboratory or referring laboratory in accordance with section 353 of the
Public Health Service Act, (42 USC 263a). A clinical laboratory or
referring laboratory may only solicit payment for anatomic pathology
services from the patient, a hospital, the responsible insurer of a third
party payor, or a governmental agency or such agency's public or
private agent that is acting on behalf of the recipient of such services.
Nothing in this subsection shall be construed to prohibit a clinical
laboratory from billing a referring clinical laboratory when specimens
are transferred between such laboratories for histologic or cytologic
processing or consultation. No patient or other third party payor, as
described in this subsection, shall be required to reimburse any provider
for charges or claims submitted in violation of this section. For purposes
of this subsection, (1) "referring clinical laboratory" means a clinical
laboratory that refers a patient specimen for consultation or anatomic
pathology services, excluding the laboratory of a physician's office or
group practice that takes a patient specimen and does not perform the professional diagnostic component of the anatomic pathology services involved, and (2) "anatomic pathology services" means the gross and microscopic examination and histologic or cytologic processing of human specimens, including histopathology or surgical pathology, cytopathology, hematology, subcellular pathology or molecular pathology or blood banking service performed by a pathologist.

Sec. 29. Subsection (a) of section 20-7c of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(a) For purposes of this section, "clinical laboratory" has the same meaning as provided in section 19a-30, as amended by this act. "Clinical laboratory" does not include any state laboratory established by the Department of Public Health pursuant to section 19a-26 or 19a-29.

Sec. 30. Subparagraph (A) of subdivision (6) of subsection (a) of section 38a-477aa of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(6) (A) "Surprise bill" means a bill for health care services, other than emergency services, received by an insured for services rendered by an out-of-network health care provider, where such services were rendered by (i) such out-of-network provider at an in-network facility, during a service or procedure performed by an in-network provider or during a service or procedure previously approved or authorized by the health carrier and the insured did not knowingly elect to obtain such services from such out-of-network provider, or (ii) a clinical laboratory, as defined in section 19a-30, as amended by this act, that is an out-of-network provider, upon the referral of an in-network provider.

Sec. 31. Section 7-51a of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):
(a) Any person eighteen years of age or older may purchase certified copies of marriage and death records, and certified copies of records of births or fetal deaths which are at least one hundred years old, in the custody of any registrar of vital statistics. The department may issue uncertified copies of death certificates for deaths occurring less than one hundred years ago, and uncertified copies of birth, marriage, death and fetal death certificates for births, marriages, deaths and fetal deaths that occurred at least one hundred years ago, to researchers approved by the department pursuant to section 19a-25, and to state and federal agencies approved by the department. During all normal business hours, members of genealogical societies incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state shall (1) have full access to all vital records in the custody of any registrar of vital statistics, including certificates, ledgers, record books, card files, indexes and database printouts, except for those records containing Social Security numbers protected pursuant to 42 US 405 (c)(2)(C), and confidential files on adoptions, gender change, surrogacy agreements, and parentage, (2) be permitted to make notes from such records, (3) be permitted to purchase certified copies of such records, and (4) be permitted to incorporate statistics derived from such records in the publications of such genealogical societies. For all vital records containing Social Security numbers that are protected from disclosure pursuant to federal law, the Social Security numbers contained on such records shall be redacted from any certified copy of such records issued to a genealogist by a registrar of vital statistics.

(b) For marriage and civil union licenses, the Social Security numbers of the parties to the marriage or civil union shall be recorded in the "administrative purposes" section of the marriage or civil union license and the application for such license. All persons specified on the license, including the parties to the marriage or civil union, officiator and local registrar shall have access to the Social Security numbers specified on the marriage or civil union license and the application for such license for the purpose of processing the license. Only the parties to a marriage or civil union, or entities authorized by state or federal law, may receive
a certified copy of a marriage or civil union license with the Social
Security numbers included on the license. Any other individual,
researcher or state or federal agency requesting a certified or uncertified
copy of any marriage or civil union license in accordance with the
provisions of this section shall be provided such copy with such Social
Security numbers removed or redacted, or with the "administrative
purposes" section omitted.

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

(d) The registrar of vital statistics of any town or city in this state that
has access to an electronic vital records system, as authorized by the
department, may use such system to issue certified copies of birth,
death, fetal death or marriage certificates that are electronically filed in
such system.

[(e) Any registrar of vital statistics who receives payment pursuant to
this section may permit such payment to be made on an Internet web
site designated by the registrar, in a manner prescribed by the registrar.]
Sec. 32. Section 7-74 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) The fee for a certification of birth registration, short form, shall be fifteen dollars. The fee for a certified copy of a certificate of birth, long form, shall be twenty dollars, except that the fee for such certifications and copies when issued by the department shall be thirty dollars.

(b) (1) The fee for a certified copy of a certificate of marriage or death shall be twenty dollars. Such fees shall not be required of the department.

(2) Any fee received by the Department of Public Health for a certificate of death shall be deposited in the neglected cemetery account, established in accordance with section 19a-308b.

(c) The fee for one certified copy of a certificate of death for any deceased person who was a veteran, as defined in subsection (a) of section 27-103, shall be waived when such copy is requested by a spouse, child or parent of such deceased veteran.

(d) The fee for an uncertified copy of an original certificate of birth issued pursuant to section 7-53 shall be sixty-five dollars.

(e) Any registrar of vital statistics who receives payment pursuant to this section may permit such payment to be made on an Internet web site designated by the registrar, in a manner prescribed by the registrar, as approved by the Commissioner of Public Health, or the commissioner's designee.

Sec. 33. Subsections (c) and (d) of section 19a-36m of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):

(c) The provisions of the food code that concern the employment of a certified food protection manager and any reporting requirements relative to such certified food protection manager [(1)] shall not apply to [(A)] (1) an owner or operator of a soup kitchen that relies exclusively
on services provided by volunteers, [(B)] (2) any volunteer who serves meals from a nonprofit organization, including a temporary food service establishment and a special event sponsored by a nonprofit civic organization, including, but not limited to, school sporting events, little league food booths, church suppers and fairs, or [(C)] (3) any person who serves meals to individuals at a registered congregate meal site funded under Title III of the Older Americans Act of 1965, as amended from time to time, that were prepared under the supervision of a certified food protection manager, [and (2)] shall not prohibit the sale or distribution of food at (A) a bed and breakfast establishment that prepares and offers food to guests, provided the operation is owner-occupied and the total building occupant load is not more than sixteen persons, including the owner and occupants, has no provisions for cooking or warming food in the guest rooms, breakfast is the only meal offered and the consumer of such operation is informed by statements contained in published advertisements, mailed brochures and placards posted in the registration area that the food is prepared in a kitchen that is not regulated and inspected by the local health director, and (B) a noncommercial function, including, but not limited to, an educational, religious, political or charitable organization's bake sale or potluck supper, provided the seller or person distributing the food maintains the food at the temperature, pH level and water activity level conditions that will inhibit the growth of infectious or toxigenic microorganisms.

For the purposes of this subsection, "noncommercial function" means a function where food is sold or distributed by a person not regularly engaged in the business of selling such food for profit.

(d) The provisions of the food code shall not (1) apply to a residential care home with thirty beds or less that is licensed pursuant to chapter 368v, provided the administrator of the residential care home or the administrator's designee has satisfactorily passed a test as part of a food protection manager certification program that is evaluated and approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its standard for accreditation of food protection manager certification programs, unless such residential care
home enters into a service contract with a food establishment or lends, rents or leases any area of its facility to any person or entity for the purpose of preparing or selling food, at which time the provisions of the food code shall apply to such residential care home, and (2) shall not prohibit the sale or distribution of food at (A) a bed and breakfast establishment that prepares and offers food to guests, provided the operation is owner-occupied and the total building occupant load is not more than sixteen persons, including the owner and occupants, has no provisions for cooking or warming food in the guest rooms, breakfast is the only meal offered and the consumer of such operation is informed by statements contained in published advertisements, mailed brochures and placards posted in the registration area that the food is prepared in a kitchen that is not regulated and inspected by the local health director, and (B) a noncommercial function, including, but not limited to, an educational, religious, political or charitable organization's bake sale or potluck supper, provided the seller or person distributing the food maintains the food at the temperature, pH level and water activity level conditions that will inhibit the growth of infectious or toxigenic microorganisms. For the purposes of this subsection, "noncommercial function" means a function where food is sold or distributed by a person not regularly engaged in the business of selling such food for profit.

Sec. 34. Subparagraph (A) of subdivision (2) of subsection (c) of section 16-245n of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(2) (A) There is hereby created an Environmental Infrastructure Fund which shall be within the Connecticut Green Bank. The fund may receive any amount required by law to be deposited into the fund and may receive any federal funds as may become available to the state for environmental infrastructure investments, except that the fund shall not receive: (i) Ratepayer or Regional Greenhouse Gas Initiative funds, (ii) funds that have been deposited in, or are required to be deposited in, an account of the Clean Water Fund pursuant to sections 22a-475 to [22a-438f] 22a-483f, inclusive, or (iii) funds collected from a water company,
Sec. 35. Subsection (b) of section 20-191c of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2022):

(b) Qualifying continuing education activities shall be related to the practice of psychology and shall include courses, seminars, workshops, conferences and postdoctoral institutes offered or approved by: (1) The American Psychological Association; (2) a regionally accredited institution of higher education graduate program; (3) a nationally recognized provider of continuing education seminars; (4) the Department of Mental Health and Addiction Services; or (5) a behavioral science organization that is professionally or scientifically recognized. Not more than five continuing education units during each registration period shall be completed via [the Internet] asynchronous online education, distance learning or home study. Not less than five continuing education units shall be earned through synchronous online education. On and after January 1, 2016, qualifying continuing education activities shall include not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (A) determining whether a patient is a veteran or family member of a veteran, (B) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (C) suicide prevention training. Qualifying continuing education activities may include a licensee's research-based presentation at a professional conference, provided not more than five continuing education units during each registration period shall be completed by such activities. A licensee who has earned a diploma from the American Board of Professional Psychology during the registration period may substitute the diploma for continuing education requirements for such registration period. For purposes of this section, "continuing education unit" means fifty to sixty minutes of participation in accredited continuing professional education. For the purposes of this
subsection, "synchronous online education" means live online classes
that are conducted in real time and "asynchronous online education"
means a program where the instructor, learner and other participants
are not engaged in the learning process at the same time, there is no real-
time interaction between participants and instructors and the
educational content is created and made available for later
consumption.

Sec. 36. Section 19a-563h of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof
(Effective from passage):

(a) On or before January 1, 2022, the Department of Public Health shall (1) establish minimum staffing level requirements for nursing homes of three hours of direct care per resident per day, and (2) modify staffing level requirements for social work and recreational staff of nursing homes such that the requirements (A) for social work are one full-time social worker per sixty residents, and (B) for recreational staff are lower than the current requirements, as deemed appropriate by the Commissioner of Public Health.

(b) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 that set forth nursing home staffing level requirements to implement the provisions of this section. The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published on the eRegulations system not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Sec. 37. Section 17b-59d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) There shall be established a State-wide Health Information Exchange to empower consumers to make effective health care
decisions, promote patient-centered care, improve the quality, safety
and value of health care, reduce waste and duplication of services,
support clinical decision-making, keep confidential health information
secure and make progress toward the state's public health goals.

(b) It shall be the goal of the State-wide Health Information Exchange
to: (1) Allow real-time, secure access to patient health information and
complete medical records across all health care provider settings; (2)
provide patients with secure electronic access to their health
information; (3) allow voluntary participation by patients to access their
health information at no cost; (4) support care coordination through
real-time alerts and timely access to clinical information; (5) reduce costs
associated with preventable readmissions, duplicative testing and
medical errors; (6) promote the highest level of interoperability; (7) meet
all state and federal privacy and security requirements; (8) support
public health reporting, quality improvement, academic research and
health care delivery and payment reform through data aggregation and
analytics; (9) support population health analytics; (10) be standards-
based; and (11) provide for broad local governance that (A) includes
stakeholders, including, but not limited to, representatives of the
Department of Social Services, hospitals, physicians, behavioral health
care providers, long-term care providers, health insurers, employers,
patients and academic or medical research institutions, and (B) is
committed to the successful development and implementation of the
State-wide Health Information Exchange.

(c) All contracts or agreements entered into by or on behalf of the state
relating to health information technology or the exchange of health
information shall be consistent with the goals articulated in subsection
(b) of this section and shall utilize contractors, vendors and other
partners with a demonstrated commitment to such goals.

(d) (1) The executive director of the Office of Health Strategy, in
consultation with the Secretary of the Office of Policy and Management
and the State Health Information Technology Advisory Council,
established pursuant to section 17b-59f, shall, upon the approval by the
State Bond Commission of bond funds authorized by the General Assembly for the purposes of establishing a State-wide Health Information Exchange, develop and issue a request for proposals for the development, management and operation of the State-wide Health Information Exchange. Such request shall promote the reuse of any and all enterprise health information technology assets, such as the existing Provider Directory, Enterprise Master Person Index, Direct Secure Messaging Health Information Service provider infrastructure, analytic capabilities and tools that exist in the state or are in the process of being deployed. Any enterprise health information exchange technology assets purchased after June 2, 2016, and prior to the implementation of the State-wide Health Information Exchange shall be capable of interoperability with a State-wide Health Information Exchange.

(2) Such request for proposals may require an eligible organization responding to the request to: (A) Have not less than three years of experience operating either a state-wide health information exchange in any state or a regional exchange serving a population of not less than one million that (i) enables the exchange of patient health information among health care providers, patients and other authorized users without regard to location, source of payment or technology, (ii) includes, with proper consent, behavioral health and substance abuse treatment information, (iii) supports transitions of care and care coordination through real-time health care provider alerts and access to clinical information, (iv) allows health information to follow each patient, (v) allows patients to access and manage their health data, and (vi) has demonstrated success in reducing costs associated with preventable readmissions, duplicative testing or medical errors; (B) be committed to, and demonstrate, a high level of transparency in its governance, decision-making and operations; (C) be capable of providing consulting to ensure effective governance; (D) be regulated or administratively overseen by a state government agency; and (E) have sufficient staff and appropriate expertise and experience to carry out the administrative, operational and financial responsibilities of the State-wide Health Information Exchange.
(e) Notwithstanding the provisions of subsection (d) of this section, if, on or before January 1, 2016, the Commissioner of Social Services, in consultation with the State Health Information Technology Advisory Council, established pursuant to section 17b-59f, submits a plan to the Secretary of the Office of Policy and Management for the establishment of a State-wide Health Information Exchange consistent with subsections (a), (b) and (c) of this section, and such plan is approved by the secretary, the commissioner may implement such plan and enter into any contracts or agreements to implement such plan.

(f) The executive director of the Office of Health Strategy shall have administrative authority over the State-wide Health Information Exchange. The executive director shall be responsible for designating, and posting on its Internet web site, the list of systems, technologies, entities and programs that shall constitute the State-wide Health Information Exchange. Systems, technologies, entities, and programs that have not been so designated shall not be considered part of said exchange.

(g) The executive director of the Office of Health Strategy may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations system not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.

Sec. 38. Section 17b-59e of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(a) For purposes of this section:

(1) "Health care provider" means any individual, corporation, facility or institution licensed by the state to provide health care services; and
(2) "Electronic health record system" means a computer-based information system that is used to create, collect, store, manipulate, share, exchange or make available electronic health records for the purposes of the delivery of patient care.

(b) Not later than one year after commencement of the operation of the State-wide Health Information Exchange, each hospital licensed under chapter 368v and clinical laboratory licensed under section 19a-30, as amended by this act, shall maintain an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange and shall apply to begin the process of connecting to, and participating in, the State-wide Health Information Exchange.

(c) Not later than two years after commencement of the operation of the State-wide Health Information Exchange, (1) each health care provider with an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall apply to begin the process of connecting to, and participating in, the State-wide Health Information Exchange, and (2) each health care provider without an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall be capable of sending and receiving secure messages that comply with the Direct Project specifications published by the federal Office of the National Coordinator for Health Information Technology.

(d) The executive director of the Office of Health Strategy may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations system not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.
Sec. 39. Subsection (c) of section 19a-495 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2022):

(c) The commissioner may waive any provisions of the regulations affecting an institution [as defined in section 19a-490.] or a clinical laboratory, licensed pursuant to section 19a-30, as amended by this act, if the commissioner determines that such waiver would not endanger the health, safety or welfare of any patient or resident. The commissioner may impose conditions, upon granting the waiver, that assure the health, safety and welfare of patients or residents, and may revoke the waiver upon a finding that the health, safety or welfare of any patient or resident has been jeopardized. The commissioner shall not grant a waiver that would result in a violation of the Fire Safety Code or State Building Code. The commissioner may adopt regulations, in accordance with chapter 54, establishing procedures for an application for a waiver pursuant to this subsection.

Sec. 40. (Effective from passage) (a) As used in this section:

(1) "Certified doula" means a doula that is certified by the Department of Public Health; and

(2) "Doula" means a trained, nonmedical professional who provides physical, emotional and informational support, virtually or in person, to a pregnant person before, during and after birth.

(b) The Commissioner of Public Health shall, within available resources, establish a Doula Advisory Committee within the Department of Public Health. The Doula Advisory Committee shall develop recommendations for (1) requirements for certification and certification renewal of doulas, including, but not limited to, training, experience or continuing education requirements; and (2) standards for recognizing doula training program curricula that are sufficient to satisfy the requirements for doula certification.

(c) The Commissioner of Public Health, or the commissioner's
designee, shall be the chairperson of the Doula Advisory Committee.

(d) The Doula Advisory Committee shall consist of the following members:

(1) Seven appointed by the Commissioner of Public Health, or the commissioner's designee, who are actively practicing as doulas in the state;

(2) One appointed by the Commissioner of Public Health, or the commissioner's designee, who is a nurse-midwife, licensed pursuant to chapter 377 of the general statutes, who has experience working with a doula;

(3) One appointed by the Commissioner of Public Health, or the commissioner's designee, in consultation with the Connecticut Hospital Association, who shall represent an acute care hospital;

(4) One appointed by the Commissioner of Public Health, or the commissioner's designee, who shall represent an association that represents hospitals and health-related organizations in the state;

(5) One appointed by the Commissioner of Public Health, or the commissioner's designee, who shall be a licensed health care provider who specializes in obstetrics and has experience working with a doula;

(6) One appointed by the Commissioner of Public Health, or the commissioner's designee, who shall represent a community-based doula training organization;

(7) One appointed by the Commissioner of Public Health, or the commissioner's designee, who shall represent a community-based maternal and child health organization;

(8) One appointed by the Commissioner of Public Health, or the commissioner's designee, who shall have expertise in health equity;

(9) The Commissioner of Social Services, or the commissioner's
designee;

(10) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee; and

(11) The Commissioner of Early Childhood, or the commissioner's designee.

(e) Not later than January 15, 2023, the Doula Advisory Committee shall establish a Doula Training Program Review Committee. Such committee shall (1) conduct a continuous review of doula training programs; and (2) provide a list of approved doula training programs in the state that meet the requirements established by the Doula Advisory Committee.

Sec. 41. Subsection (c) of section 19a-498 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(c) The Department of Mental Health and Addiction Services, with respect to any behavioral health facility, shall be authorized, either upon the request of the Commissioner of Public Health or at such other times as they deem necessary, to enter such facility for the purpose of inspecting programs conducted at such facility. A written report of the findings of any such inspection shall be forwarded to the Commissioner of Public Health and a copy shall be maintained in such facility's licensure file.

Sec. 42. Section 19a-509g of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

[An alcohol or drug treatment facility, as defined in section 19a-490,] A behavioral health facility shall use the criteria for admission developed by the American Society of Addiction Medicine for purposes of assessing a person for admission to such facility in consideration of (1) the services for which the facility is licensed, and (2) the appropriate services required for treatment of such person.
Sec. 43. Subdivision (1) of subsection (b) of section 38a-493 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

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

Sec. 44. Subdivision (1) of subsection (b) of section 38a-520 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

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

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

<p>| Section 1 | October 1, 2022 | 19a-490 |
| Sec. 2   | October 1, 2022 | 19a-491c(a) |
| Sec. 3   | October 1, 2022 | 19a-535b |
| Sec. 4   | October 1, 2022 | 19a-537(a) |
| Sec. 5   | October 1, 2022 | 19a-550(a) |
| Sec. 7   | October 1, 2022 | 12-20a(a) |
| Sec. 8   | October 1, 2022 | 17b-368 |</p>
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**Statement of Purpose:**
To make various revisions to the public health statutes.
[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]