AN ACT CONCERNING HEALTH AND WELLNESS FOR CONNECTICUT RESIDENTS.

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

Section 1. (NEW) (Effective from passage) (a) As used in this section, "assisted reproductive technology" has the same meaning as provided in 42 USC 263a-7, as amended from time to time.

(b) No person or entity may prohibit or unreasonably limit any person from (1) accessing assisted reproductive technology, (2) continuing or completing an ongoing assisted reproductive technology treatment or procedure pursuant to a written plan or agreement with a health care provider, or (3) retaining all rights regarding the use of reproductive genetic materials, including, but not limited to, gametes and embryos.

(c) No person or entity may prohibit or unreasonably limit a health care provider who is licensed, certified or otherwise authorized to perform assisted reproductive technology treatments or procedures from (1) performing any such treatment or procedure, or (2) providing evidence-based information related to assisted reproductive technology.
technology.

Sec. 2. (Effective July 1, 2023) The Commissioner of Social Services shall adjust Medicaid reimbursement criteria to provide funding for same-day access to long-acting reversible contraceptives at federally qualified health centers. As used in this section, "long-acting reversible contraceptive" means any method of contraception that does not have to be used or applied more than once a menstrual cycle or once a month.

Sec. 3. (NEW) (Effective October 1, 2023) (a) As used in this section:

(1) "Facility" means a hospital, clinic, physician's office or other facility that provides reproductive health services, including the building or structure in which the hospital, clinic, office or facility is located;

(2) "Interfere with" means to restrict a person's freedom of movement;

(3) "Intimidate" means to place a person in reasonable apprehension of bodily harm to such person or to another person;

(4) "Physical obstruction" means rendering impassable ingress to or egress from a facility that provides reproductive health services or rendering passage to or from such facility unreasonably difficult or hazardous; and

(5) "Reproductive health services" means medical, surgical, counseling or referral services relating to the human reproductive system, including, but not limited to, services relating to pregnancy or the termination of a pregnancy.

(b) Any person who (1) by force or threat of force or by physical obstruction, intentionally injures, intimidates or interferes with or attempts to injure, intimidate or interfere with any person because that person is or has been obtaining or providing reproductive health
services, or in order to intimidate such person or any other person or
any class of persons from obtaining or providing such services, or (2)
intentionally damages or destroys or attempts to damage or destroy
the property of a facility because such facility provides reproductive
health services, shall be subject to penalties as described in subsection
(c) of this section and may be liable for civil remedies pursuant to
subsection (d) of this section. A parent or legal guardian of a minor
shall not be subject to any such penalties for activities described in
subdivision (1) of this subsection if such activities are directed
exclusively at such minor.

(c) (1) Except as provided in subdivision (2) of this subsection, a
violation of subsection (b) is (A) a class A misdemeanor for a first
offense, and (B) a class E felony for any subsequent offense.

(2) A violation of subsection (b) that results in a (A) person suffering
a physical injury, as defined in section 53a-3 of the general statutes, is a
class C felony, or (B) person's death is a class B felony.

(d) (1) Any person aggrieved by reason of the conduct prohibited by
subsection (b) of this section may bring a civil action for the relief set
forth in subdivision (2) of this subsection, except such an action may be
brought under subdivision (1) of subsection (b) of this section only by
a person involved in providing or seeking to provide, or obtaining or
seeking to obtain, services in a facility that provides reproductive
health services.

(2) In any action under subdivision (1) of this subsection, the court
may award appropriate relief, including temporary, preliminary or
permanent injunctive relief and compensatory and punitive damages,
plus reasonable attorneys' fees and costs. With respect to
compensatory damages, the plaintiff may elect, at any time prior to the
rendering of final judgment, to recover, in lieu of actual damages, an
award of statutory damages in the amount of five thousand dollars per
violation.
(e) (1) If the Attorney General has reasonable cause to believe that any person has been or may be injured by conduct constituting a violation of subsection (b) of this section, the Attorney General may bring a civil action in the Superior Court.

(2) In any action brought under subdivision (1) of this subsection, the court may award appropriate relief, including temporary, preliminary or permanent injunctive relief, and compensatory damages to persons aggrieved as described in subdivision (2) of subsection (c) of this section. The court, to vindicate the public interest, may also assess a civil penalty against each respondent (A) in an amount not exceeding ten thousand dollars for a nonviolent physical obstruction and fifteen thousand dollars for other first violations, and (B) in an amount not exceeding fifteen thousand dollars for a nonviolent physical obstruction and twenty-five thousand dollars for any other subsequent violation.

(f) Nothing in this section shall be construed to (1) prohibit any expressive conduct, including, but not limited to, peaceful picketing or other peaceful demonstration to the extent protected by article first of the Constitution of the state or the first amendment to the United States Constitution; (2) create any new remedies for interference with activities protected by article first of the Constitution of the state or the first amendment to the United States Constitution occurring outside a facility, regardless of the point of view expressed, or to limit any existing legal remedies for such interference; (3) provide exclusive criminal penalties or civil remedies with respect to the conduct prohibited by this section; or (4) interfere with the enforcement of any general statute, regulation of Connecticut state agencies, local ordinance or other local law concerning the provision of reproductive health services.

Sec. 4. (Effective from passage) (a) As used in this section and section 5 of this act, "harm reduction center" means a medical facility where a person may safely consume controlled substances under the
observation of licensed health care providers who are present to provide necessary medical treatment in the event of an overdose of a controlled substance.

(b) The Department of Mental Health and Addiction Services, in consultation with the Department of Public Health, shall establish a pilot program to prevent drug overdoses through the establishment of harm reduction centers in three municipalities in the state selected by the Commissioner of Mental Health and Addiction Services, subject to the approval of the chief elected officials of each municipality selected by said commissioner.

(c) Each harm reduction center established pursuant to subsection (b) of this section shall (1) employ licensed health care providers with experience treating persons with substance use disorders to monitor persons utilizing the harm reduction center for the purpose of providing medical treatment to any person who experiences symptoms of an overdose, in a number determined sufficient by the Commissioner of Mental Health and Addiction Services, and (2) provide referrals for substance use disorder counseling or other mental health or medical treatment services that may be appropriate for persons utilizing the harm reduction center. A licensed health care provider's participation in the pilot program shall not be grounds for disciplinary action by the Department of Public Health pursuant to section 19a-17 of the general statutes.

(d) The Commissioner of Mental Health and Addiction Services may request a disbursement of funds from the Opioid Settlement Fund established pursuant to section 17a-674a of the general statutes to fund, in whole or in part, the establishment and administration of the pilot program.

(e) The Commissioner of Mental Health and Addiction Services shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section.
Sec. 5. *(Effective from passage)* (a) There is established a Harm Reduction Center Pilot Program Advisory Committee that shall advise the Department of Mental Health and Addiction Services on issues concerning the establishment of the harm reduction center pilot program pursuant to section 4 of this act. The advisory committee shall meet at the discretion of the Commissioner of Mental Health and Addiction Services and shall make recommendations to the commissioner regarding the following:

1. Maximizing the potential public health and safety benefits of the harm reduction centers;
2. The proper disposal of hypodermic needles and syringes;
3. The recovery of persons utilizing the harm reduction centers;
4. Federal, state and local laws impacting the creation and operation of the harm reduction centers;
5. Appropriate guidance to relevant professional licensing boards concerning the impact of health care providers participating in the harm reduction center pilot program on the effectiveness of the pilot program;
6. Potential integration of the harm reduction center pilot program with other public health efforts;
7. Consideration of any other factors beneficial to promoting the public health and safety in the operation of the harm reduction center pilot program; and
8. Liability protection for property owners and staff, volunteers and participants in the harm reduction center pilot program, from criminal or civil liability resulting from the operation of a harm reduction center.

(b) The advisory committee shall consist of the following members:
(1) The Commissioners of Mental Health and Addiction Services and Public Health, or the commissioners' designee;

(2) The president of the Connecticut Conference of Municipalities, or the president's designee;

(3) The co-chairperson of the Opioid Settlement Advisory Committee appointed by the speaker of the House of Representatives and the president pro tempore of the Senate pursuant to subsection (c) of section 17a-674d of the general statutes, or the co-chairperson's designee;

(4) One member who represents and shall be appointed by a medical society in the state;

(5) One member who represents and shall be appointed by a hospital society in the state;

(6) One member who represents and shall be appointed by the Connecticut chapter of a national society of addiction medicine;

(7) Two members appointed by the speaker of the House of Representatives, one of whom shall be a person with a substance use disorder, and one of whom shall be an administrator of a harm reduction center operating in another state;

(8) Two members appointed by the president pro tempore of the Senate, one of whom shall be a health care provider experienced in treating persons with substance use disorders and overdose prevention, and one of whom shall be an administrator of a harm reduction center operating in another state;

(9) One member appointed by the majority leader of the House of Representatives, who shall be a current or former law enforcement official;

(10) One member appointed by the majority leader of the Senate,
who shall be a family member of a person who suffered a fatal drug
overdose;

(11) One member appointed by the minority leader of the House of
Representatives, who shall be a licensed mental health care provider
with experience treating persons with opioid use disorder; and

(12) One member appointed by the minority leader of the Senate,
who shall be a licensed health care provider with experience treating
persons who have experienced a drug overdose.

(c) The Commissioner of Mental Health and Addiction Services, or
said commissioner's designee, shall be the chairperson of the
committee. The chairperson of the committee, with a vote of the
majority of the members present, may appoint ex-officio nonvoting
members in specialties not represented among voting members. Any
vacancy shall be filled by the appointing authority.

(d) The chairperson of the advisory committee may designate one or
more working groups to address specific issues and shall appoint the
members of each working group. Each working group shall report its
findings and recommendations to the full advisory committee.

(e) Not later than January 1, 2024, and annually thereafter until the
termination of the pilot program, the Commissioner of Mental Health
and Addiction Services shall report, in accordance with the provisions
of section 11-4a of the general statutes, to the joint standing committee
of the General Assembly having cognizance of matters relating to
public health regarding the recommendations of the advisory
committee and the outcome of the harm reduction center pilot
program established pursuant to section 4 of this act.

Sec. 6. (NEW) (Effective October 1, 2023) (a) As used in this section,
(1) 'eligible entity' means a (A) municipality, (B) local or regional
board of education, (C) similar body governing one or more nonpublic
school, (D) district department of health, (E) municipal health
department, or (F) law enforcement agency, and (2) "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(b) There is established an Opioid Antagonist Bulk Purchase Fund which shall be a separate nonlapsing account within the General Fund. The account shall contain any (1) amounts appropriated or otherwise made available by the state for the purposes of this section, (2) moneys required by law to be deposited in the account, and (3) gifts, grants, donations or bequests made for the purposes of this section. Investment earnings credited to the assets of the account shall become part of the assets of the account. Any balance remaining in the account at the end of any fiscal year shall be carried forward in the account for the fiscal year next succeeding. The State Treasurer shall administer the account. All moneys deposited in the account shall be used by the Department of Mental Health and Addiction Services for the purposes of this section. The department may deduct and retain from the moneys in the account an amount equal to the costs incurred by the department in administering the provisions of this section, except that said amount shall not exceed two per cent of the moneys deposited in the account in any fiscal year.

(c) The Department of Mental Health and Addiction Services shall use the Opioid Antagonist Bulk Purchase Fund to make grants to eligible entities for the purchase of large quantities of opioid antagonists in bulk at a discounted price. The department may contract with a wholesaler of prescription drugs for the purchasing and distribution of opioid antagonists in bulk. The Commissioner of Mental Health and Addiction Services shall establish an application process for eligible entities to apply for a grant under this subsection.

(d) The Department of Mental Health and Addiction Services shall adopt regulations implementing the provisions of this section, in accordance with the provisions of chapter 54 of the general statutes.
The department may implement the policies and procedures contained in such proposed regulations while in the process of adopting such proposed regulations, provided the department publishes notice of intention to adopt the regulations on the department's Internet web site and on 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 earlier of the date on which such regulations are effective or one year after the publication of such notice of intention.

(e) Not later than January 1, 2025, and annually thereafter, the Commissioner of Mental Health and Addiction Services shall report, in accordance with the provision of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies regarding the following information for the preceding calendar year: (1) The number of grants applications received, (2) the number of eligible entities that received grants under this section, (3) the amount in grants made to each such eligible entity, (4) the amount of opioid antagonists purchased by each such eligible entity, (5) the use of the opioid antagonists purchased with such grants by each such eligible entity, if known by the commissioner, and (6) any recommendations regarding the Opioid Antagonist Bulk Purchase Fund, including any proposed legislation to facilitate the purposes of this section.

Sec. 7. Section 20-14o of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2023):

(a) As used in this section:

(1) "Opioid drug" has the same meaning as provided in 42 CFR 8.2, as amended from time to time;

(2) "Adult" means a person who is at least eighteen years of age;
(3) "Prescribing practitioner" has the same meaning as provided in section 20-14c;

(4) "Minor" means a person who is under eighteen years of age;

(5) "Opioid agonist" means a medication that binds to the opiate receptors and provides relief to individuals in treatment for abuse of or dependence on an opioid drug;

(6) "Opiate receptor" means a specific site on a cell surface that interacts in a highly selective fashion with an opioid drug;

(7) "Palliative care" means specialized medical care to improve the quality of life of patients and their families facing the problems associated with a life-threatening illness; and

(8) "Opioid antagonist" has the same meaning as provided in section 17a-714a.

(b) When issuing a prescription for an opioid drug to an adult patient for the first time for outpatient use, a prescribing practitioner who is authorized to prescribe an opioid drug shall not issue a prescription for more than a seven-day supply of such drug, as recommended in the National Centers for Disease Control and Prevention's Guideline for Prescribing Opioids for Chronic Pain.

(c) A prescribing practitioner shall not issue a prescription for an opioid drug to a minor for more than a five-day supply of such drug.

(d) Notwithstanding the provisions of subsections (b) and (c) of this section, if, in the professional medical judgment of a prescribing practitioner, more than a seven-day supply of an opioid drug is required to treat an adult patient's acute medical condition, or more than a five-day supply of an opioid drug is required to treat a minor patient's acute medical condition, as determined by the prescribing practitioner, or is necessary for the treatment of chronic pain, pain associated with a cancer diagnosis or for palliative care, then the
prescribing practitioner may issue a prescription for the quantity
needed to treat the acute medical condition, chronic pain, pain
associated with a cancer diagnosis or pain experienced while the
patient is in palliative care. The condition triggering the prescription of
an opioid drug for more than a seven-day supply for an adult patient
or more than a five-day supply for a minor patient shall be
documented in the patient's medical record and the practitioner shall
indicate that an alternative to the opioid drug was not appropriate to
address the medical condition.

(e) The provisions of subsections (b), (c) and (d) of this section shall
not apply to medications designed for the treatment of abuse of or
dependence on an opioid drug, including, but not limited to, opioid
agonists and opioid antagonists.

(f) When issuing a prescription for an opioid drug to an adult or
minor patient, the prescribing practitioner shall discuss with the
patient the risks associated with the use of such opioid drug,
including, but not limited to, the risks of addiction and overdose
associated with opioid drugs and the dangers of taking opioid drugs
with alcohol, benzodiazepines and other central nervous system
depressants, and the reasons the prescription is necessary, and, if
applicable, with the custodial parent, guardian or other person having
legal custody of the minor if such parent, guardian or other person is
present at the time of issuance of the prescription.

(g) When issuing a prescription for an opioid drug to an adult or
minor patient, the prescribing practitioner shall also issue a
prescription for an opioid antagonist to the patient when the following
risk factors are present: (1) The patient has a history of a substance use
disorder; (2) the prescribing practitioner issued a prescription for a
high-dose opioid drug that results in ninety morphine milligram
equivalents or higher per day; or (3) concurrent use by the patient of
an opioid drug and a benzodiazepine or nonbenzodiazepine sedative
hypnotic.
Sec. 8. (NEW) (Effective July 1, 2023) (a) As used in this section:

(1) "Emergency medical services personnel" has the same meaning as provided in section 19a-175 of the general statutes;

(2) "Opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of a drug overdose;

(3) "Opioid use disorder" means a medical condition characterized by a problematic pattern of opioid use and misuse leading to clinically significant impairment or distress;

(4) "Opioid drug" has the same meaning as provided in 42 CFR 8.2, as amended from time to time; and

(5) "Pharmacist" has the same meaning as provided in section 20-609a of the general statutes.

(b) Not later than January 1, 2024, the Office of Emergency Medical Services, in collaboration with the Departments of Mental Health and Addiction Services and Consumer Protection, shall develop a program for the provision of opioid antagonists and related information by emergency medical services personnel to certain members of the public. Emergency medical services personnel shall distribute an opioid antagonist kit containing a personal supply of opioid antagonists and the one-page fact sheet developed by the Connecticut Alcohol and Drug Policy Council pursuant to section 17a-667a of the general statutes regarding the risks of taking an opioid drug, symptoms of opioid use disorder and services available in the state for persons who experience symptoms of or are otherwise affected by opioid use disorder to a patient who (1) is treated by such personnel for an overdose of an opioid drug, (2) displays symptoms to such personnel of opioid use disorder, or (3) is treated at a location where such personnel observes evidence of illicit use of an opioid drug, or to such patient's family member, caregiver or friend who is present at the
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location. Emergency medical services personnel shall refer the patient
or such patient's family member, caregiver or friend to the written
instructions regarding the administration of such opioid antagonist, as
deemed appropriate by such personnel.

(c) Emergency medical services organizations may obtain opioid
antagonists for dissemination through the program developed
pursuant to subsection (a) of this section from a pharmacist pursuant
to section 20-633c, 20-633d, as amended by this act, or 21a-286 of the
general statutes.

(d) Emergency medical services personnel shall document the
number of opioid antagonist kits distributed pursuant to subsection (a)
of this section, including, but not limited to, the number of doses of an
opioid antagonist included in each kit.

(e) Not later than January 1, 2025, and annually thereafter, the
effective director of the Office of Emergency Medical Services shall
report, in accordance with section 11-4a of the general statutes, to the
joint standing committee of the General Assembly having cognizance
of matters relating to public health regarding the implementation of
the program developed pursuant to subsection (a) of this section,
including, but not limited to, information contained in the
documentation prepared pursuant to subsection (d) of this section.

(f) The Department of Public Health may adopt regulations, in
accordance with the provisions of chapter 54 of the general statutes, to
implement the provisions of this section.

Sec. 9. Subsection (a) of section 20-633d of the general statutes is
repealed and the following is substituted in lieu thereof (Effective July
1, 2023):

(a) A prescribing practitioner, as defined in section 20-14c, who is
authorized to prescribe an opioid antagonist, as defined in section 17a-
714a, and a pharmacy may enter into an agreement for a medical
protocol standing order at such pharmacy allowing a pharmacist licensed under part II of this chapter to dispense an opioid antagonist that is [(1)] administered by an intranasal application delivery system or an auto-injection delivery system [(2)] and approved by the federal Food and Drug Administration [(3)] dispensed to [(1)] any person at risk of experiencing an overdose of an opioid drug, as defined in 42 CFR 8.2, [(2)] a family member, friend or other person in a position to assist a person at risk of experiencing an overdose of an opioid drug, or [(3)] an emergency medical services organization for purposes of section 8 of this act.

Sec. 10. (NEW) (Effective July 1, 2023) (a) The Commissioner of Education shall establish a Health Care Career Advisory Council consisting of the following members:

(1) A representative of an association of hospitals in the state;

(2) A representative of a medical society in the state;

(3) A representative of the Connecticut chapter of a national association of nurse practitioners;

(4) A representative of an association of nurses in the state;

(5) A representative of an association of physician assistants in the state;

(6) A representative of the Connecticut chapter of a national association of social workers;

(7) A representative of the Connecticut chapter of a national association of psychologists in the state; and

(8) A representative of an association of pharmacists in the state.

(b) The advisory council shall advise the Commissioner of Education concerning the development of a health care career program consisting of (1) the promotion of the health care professions as career
options to students in middle and high school, including, but not limited to, through career day presentations regarding health care career opportunities in the state, the development of partnerships with health care career education programs in the state and the creation of counseling programs directed to high school students in order to inform them about and recruit them to the health care professions, and (2) job shadowing and internship experiences in health care fields for high school students.

(c) Members shall receive no compensation except for reimbursement for necessary expenses incurred in performing their duties.

(d) The Commissioner of Education shall schedule the first meeting of the advisory council, which shall be held not later than September 1, 2023. The members shall elect the chairperson of the advisory council from among the members of the council. A majority of the council members shall constitute a quorum. A majority vote of a quorum shall be required for any official action of the advisory council. The advisory council shall meet upon the call of the chairperson or upon the majority request of the council members.

(e) Not later than January 1, 2024, and not less than annually thereafter, the advisory council shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, on its recommendations to the Commissioner of Education and to the joint standing committees of the General Assembly having cognizance of matters relating to education and public health.

(f) The Commissioner of Education shall notify each local and regional board of education of the advisory council's recommendations not later than thirty days after the commissioner's receipt of the advisory council's report containing such recommendations.

Sec. 11. (Effective from passage) (a) The Commissioner of Public Health shall convene a working group to develop recommendations
for expanding the nursing workforce in the state. The working group shall evaluate the following: (1) The quality of the nursing and nurse's aides education programs in the state; (2) the quality of the clinical training programs for nurses and nurse's aides in the state; (3) the potential for increasing the number of clinical training sites for nurses and nurse's aides; (4) the expansion of clinical training facilities in the state for nurses and nurse's aides; and (5) barriers to recruitment and retention of nurses and nurse's aides.

(b) The working group shall consist of the following members:

(1) Two representatives of a labor organization representing acute care hospital workers in the state;

(2) Two representatives of a labor organization representing nurses and nurse's aides employed by the state of Connecticut or a hospital or long-term care facility in the state;

(3) Two representatives of a labor organization representing faculty and professional staff at the regional community-technical colleges;

(4) The president of the Board of Regents for Higher Education, or the president's designee;

(5) The president of the Connecticut State Colleges and Universities, or the president's designee;

(6) The president of The University of Connecticut, or the president's designee;

(7) One member of the administration of The University of Connecticut Health Center;

(8) Two representatives of the Connecticut Conference of Independent Colleges;

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

(11) The Commissioner of Administrative Services, or the
commissioner's designee;

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

(13) A representative of the State Board of Examiners for Nursing;

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

(15) The chairpersons and ranking members of the joint standing
committee of the General Assembly having cognizance of matters
relating to higher education and employment advancement, or the
chairpersons' designees.

(c) The cochairpersons of the working group shall be the
Commissioner of Public Health, or the commissioner's designee, and
the president of the Board of Regents for Higher Education, or the
president's designee. The cochairpersons shall schedule the first
meeting of the working group, which shall be held not later than sixty
days after the effective date of this section.

(d) Not later than January 1, 2024, the working group shall submit a
report, in accordance with section 11-4a of the general statutes, to the
joint standing committees of the General Assembly having cognizance
of matters relating to public health and higher education and
employment advancement on its findings and any recommendations
for improving the recruitment and retention of nurses and nurse's
aides in the state, including, but not limited to, a five-year plan and a
ten-year plan for increasing the nursing workforce in the state. The
working group shall terminate on the date that it submits such report
or January 1, 2024, whichever is later.
Sec. 12. (NEW) (Effective July 1, 2023) On and after January 1, 2024, notwithstanding any provision of title 10a of the general statutes, each public institution of higher education shall consider any licensed health care provider who (1) has not less than ten years of clinical health care experience in a field in which such provider is licensed, and (2) applies for a position as an adjunct faculty member at such institution of higher education in a health care related field in which such provider has such experience, to be a qualified applicant for such position and give such provider the same consideration as any other qualified applicant for such position. As used in this section, "public institution of higher education" means those constituent units identified in subdivisions (2) and (3) of section 10a-1 of the general statutes.

Sec. 13. (NEW) (Effective July 1, 2023) (a) On or before January 1, 2024, the Office of Higher Education shall establish and administer an adjunct professor incentive grant program. The program shall provide incentive grants to each licensed health care provider who accepts a position as an adjunct professor at a public institution of higher education that was offered to such provider after being considered as an applicant for such position pursuant to section 12 of this act. Such grants shall be in an annual amount that represents the difference between the provider's most recent annual salary as a licensed health care provider in the clinical setting and the provider's salary as an adjunct professor at such institution of higher education, for as long as such provider remains employed as an adjunct professor in a health care related field at such institution of higher education. The executive director of the Office of Higher Education shall establish the application process for the grant program.

(b) Not later than January 1, 2025, and annually thereafter, the executive director of the Office of Higher Education shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the number
and demographics of the adjunct professors who applied for and
received incentive grants from the adjunct professor grant program
established under subsection (a) of this section, the number and types
of classes taught by such adjunct professors, the institutions of higher
education employing such adjunct professors and any other
information deemed pertinent by the executive director.

Sec. 14. (NEW) (Effective July 1, 2023) On and after January 1, 2024,
the Department of Public Health shall offer any competency
evaluations prescribed by the Commissioner of Public Health for
nurse's aides, as defined in section 20-102aa of the general statutes, in
both English and Spanish.

Sec. 15. (NEW) (Effective July 1, 2023) (a) As used in this section,
"personal care attendant", "consumer" and "personal care assistance"
have the same meanings as provided in section 17b-706 of the general
statutes.

(b) Not later than January 1, 2024, the Department of Social Services
shall establish and administer a personal care attendants career
pathways program to improve the quality of care offered by personal
care attendants and incentivize the recruitment and retention of
personal care attendants in the state. A personal care attendant who is
not employed by a consumer, but who is eligible for employment by a
consumer, may participate in the program following the completion of
a program orientation developed by the Commissioner of Social
Services.

(c) The career pathways program shall include, but need not be
limited to, the following objectives:

(1) Increase in employment retention and recruitment of personal
care attendants to maintain a stable workforce for consumers,
including, but not limited to, through the creation of career pathways
for such attendants that improve skill and knowledge and increase
wages;
(2) Dignity in providing and receiving care through meaningful collaboration between consumers and personal care attendants;

(3) Improvement in the quality of personal care assistance and the overall quality of life of the consumer;

(4) Advancement of equity in the provision of personal care assistance;

(5) Promotion of a culturally and linguistically competent workforce of personal attendants to serve the growing racial, ethnic and linguistic diversity of an aging population of consumers; and

(6) Promotion of self-determination principles by personal care attendants.

(d) The Commissioner of Social Services shall offer the following career pathways as part of the career pathways program:

(1) The basic skills career pathways, including (A) general health and safety, and (B) adult education topics; and

(2) The specialized skills career pathways, including (A) cognitive impairments and behavioral health, (B) complex physical care needs, and (C) transitioning to home and community-based living from out-of-home care or homelessness.

(e) The Commissioner of Social Services shall develop or identify, in consultation with a labor management committee at a hospital or health care organization, the training curriculum for each career pathway of the career pathways program.

(f) Not later than January 1, 2025, the Commissioner of Social Services shall report in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health, on the following information concerning the career
pathways program:

(1) The number of personal care attendants who enrolled in the program and types of career pathways chosen by each attendant;

(2) The number of personal care attendants who successfully completed a career pathway and the types of career pathways completed by each attendant;

(3) The effectiveness of the program, as determined by surveys, focus groups and interviews of personal care attendants, and whether the successful completion of a career pathway resulted in a related license or certificate for each personal care attendant or the retention of employment as a personal care attendant;

(4) The number of personal care attendants who were employed by a consumer with specialized care needs after completing a specialized career pathway and who were retained in employment by such consumer for a period of not less than six months; and

(5) The number of personal care attendants who were employed by a consumer with specialized care needs after completing a specialized career pathway and were retained in employment by such consumer for a period of at least twelve months.

Sec. 16. (NEW) (Effective October 1, 2023) No hospital, or medical review committee of a hospital, shall require, as part of its credentialing requirements for a physician to be granted privileges to practice in the hospital, that a physician provide credentials of any board certification in a particular specialty.

Sec. 17. Section 20-14p of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2023):

(a) For purposes of this section: (1) "Covenant not to compete" means any provision of an employment or other contract or agreement that creates or establishes a professional relationship with a physician
and restricts the right of a physician to practice medicine in any geographic area of the state for any period of time after the termination or cessation of such partnership, employment or other professional relationship; (2) "physician" means an individual licensed to practice medicine under this chapter; and (3) "primary site where such physician practices" means (A) the office, facility or location where a majority of the revenue derived from such physician's services is generated, or (B) any other office, facility or location where such physician practices and mutually agreed to by the parties and identified in the covenant not to compete.

(b) (1) A covenant not to compete that is entered into, amended, extended or renewed prior to July 1, 2023, is valid and enforceable only if it is: (A) Necessary to protect a legitimate business interest; (B) reasonably limited in time, geographic scope and practice restrictions as necessary to protect such business interest; and (C) otherwise consistent with the law and public policy. The party seeking to enforce a covenant not to compete shall have the burden of proof in any proceeding.

(2) A covenant not to compete that is entered into, amended, extended or renewed on or after July 1, 2016, but before June 30, 2023, shall not: (A) Restrict the physician's competitive activities (i) for a period of more than one year, and (ii) in a geographic region of more than fifteen miles from the primary site where such physician practices; or (B) be enforceable against a physician if (i) such employment contract or agreement was not made in anticipation of, or as part of, a partnership or ownership agreement and such contract or agreement expires and is not renewed, unless, prior to such expiration, the employer makes a bona fide offer to renew the contract on the same or similar terms and conditions, or (ii) the employment or contractual relationship is terminated by the employer, unless such employment or contractual relationship is terminated for cause.

(3) Each covenant not to compete entered into, amended or renewed
on and after July 1, 2016, until June 30, 2023, shall be separately and
individually signed by the physician.

(4) On and after July 1, 2023, no employment, partnership or
ownership contract or agreement entered into, amended or renewed
shall contain a covenant not to compete and each covenant not to
compete entered into, amended or renewed on and after said date shall
be void and unenforceable. Any physician who is aggrieved by a
violation of this subdivision may bring a civil action in the Superior
Court to recover damages, together with court costs and reasonable
attorney’s fees, and for such injunctive and equitable relief as the court
deems appropriate.

(c) The remaining provisions of any contract or agreement that
includes a covenant not to compete that is rendered void and
unenforceable, in whole or in part, under the provisions of this section
shall remain in full force and effect, including provisions that require
the payment of damages resulting from any injury suffered by reason
of termination of such contract or agreement.

Sec. 18. (NEW) (Effective July 1, 2023) (a) For purposes of this section:
(1) "Covenant not to compete" means any provision of an employment
or other contract or agreement that creates or establishes a professional
relationship with an advanced practice registered nurse and restricts
the right of an advanced practice registered nurse to provide health
care services as an advanced practice registered nurse in any
geographic area of the state for any period of time after the termination
or cessation of such partnership, employment or other professional
relationship; and (2) "advanced practice registered nurse" means an
individual licensed as an advanced practice registered nurse pursuant
to chapter 378 of the general statutes.

(b) On and after July 1, 2023, no employment, partnership or
ownership contract or agreement entered into, amended or renewed
shall contain a covenant not to compete and each covenant not to
compete entered into, amended or renewed on and after said date shall
be void and unenforceable. Any advanced practice registered nurse who is aggrieved by a violation of this subsection may bring a civil action in the Superior Court to recover damages, together with court costs and reasonable attorney's fees, and for such injunctive and equitable relief as the court deems appropriate.

(c) The remaining provisions of any contract or agreement that includes a covenant not to compete that is rendered void and unenforceable, in whole or in part, under the provisions of this section shall remain in full force and effect, including provisions that require the payment of damages resulting from any injury suffered by reason of termination of such contract or agreement.

Sec. 19. (Effective from passage) (a) There is established a task force to study medical malpractice reform to incentivize physicians and other licensed health care providers to practice in the state.

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

(1) Two appointed by the speaker of the House of Representatives, one of whom has expertise in medical malpractice laws and one of whom has expertise in tort reform;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall be a representative of a medical society in the state and one of whom shall be a representative of a hospital association in the state;

(3) One appointed by the majority leader of the House of Representatives, who shall be a representative of a nurse's association in the state;

(4) One appointed by the majority leader of the Senate, who shall be a member of the judiciary;

(5) One appointed by the minority leader of the House of Representatives, who shall be a member of an association of trial
lawyers in the state;

(6) One appointed by the minority leader of the Senate, who shall be a health care advocate in the state; and

(7) The Commissioner of Public Health, or the commissioner's designee.

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

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

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

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

(g) Not later than January 1, 2024, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2024, whichever is later.

Sec. 20. (NEW) (Effective July 1, 2023) The Physical Therapy Licensure Compact is hereby enacted into law and entered into by the state of Connecticut with any and all jurisdictions legally joining therein in accordance with its terms. The compact is substantially as
"PHYSICAL THERAPY LICENSURE COMPACT

SECTION 1. PURPOSE

The purpose of the compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient is located at the time of the patient encounter. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

The compact is designed to achieve the following objectives:

1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;
2. Enhance the states' ability to protect the public's health and safety;
3. Encourage the cooperation of member states in regulating multi-state physical therapy practice;
4. Support spouses of relocating military members;
5. Enhance the exchange of licensure, investigative and disciplinary information between member states; and
6. Allow a remote state to hold a provider of services with a compact privilege in such state accountable to such state's practice standards.

SECTION 2. DEFINITION

As used in section 1, this section and sections 3 to 12, inclusive, of the compact, and except as otherwise provided:

1. "Active duty military" means full-time duty status in the active
uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 USC 1209 and 1211, as amended from time to time;

(2) "Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance or a combination of both;

(3) "Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board, including, but not limited to, substance abuse issues;

(4) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient or client is located at the time of the patient or client encounter;

(5) "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, or completion of, educational and professional activities relevant to practice or area of work;

(6) "Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege and adverse action;

(7) "Encumbered license" means a license that a physical therapy licensing board has limited in any way;

(8) "Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them, by the commission;

(9) "Home state" means the member state that is the licensee's primary state of residence;
(10) "Investigative information" means information, records and documents received or generated by a physical therapy licensing board pursuant to an investigation;

(11) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state;

(12) "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant;

(13) "Member state" means a state that has enacted the compact;

(14) "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege;

(15) "Physical therapist" means an individual who is licensed by a state to practice physical therapy;

(16) "Physical therapist assistant" means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy;

(17) "Physical therapy", "physical therapy practice" and "the practice of physical therapy" mean the care and services provided by or under the direction and supervision of a licensed physical therapist;

(18) "Physical Therapy Compact Commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact;

(19) "Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants;

(20) "Remote state" means a member state other than the home state,
where a licensee is exercising or seeking to exercise the compact privilege;

(21) "Rule" means a regulation, principle, or directive promulgated by the commission that has the force of law; and

(22) "State" means any state, commonwealth, district or territory of the United States of America that regulates the practice of physical therapy.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

(a) To participate in the compact, a state shall:

(1) Participate fully in the commission's data system, including using the commission's unique identifier as defined in rules;

(2) Have a mechanism in place for receiving and investigating complaints about licensees;

(3) Notify the commission, in compliance with the terms of the compact and rules, of any adverse action or of the availability of investigative information regarding a licensee;

(4) Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with subsection (b) of this section;

(5) Comply with the rules of the commission;

(6) Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the commission; and

(7) Have continuing competence requirements as a condition for license renewal.
(b) Upon adoption of the compact, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and shall submit such information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 USC 534 and 42 USC 14616, as amended from time to time.

(c) A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules.

(d) Member states may charge a fee for granting a compact privilege.

SECTION 4. COMPACT PRIVILEGE

(a) To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

1) Hold a license in the home state;

2) Have no encumbrance on any state license;

3) Be eligible for a compact privilege in any member state in accordance with subsections (d), (g) and (h) of this section;

4) Have not had any adverse action against any license or compact privilege within the previous two years;

5) Notify the commission that the licensee is seeking the compact privilege within a remote state or remote states;

6) Pay any applicable fees, including any state fee, for the compact privilege;

7) Meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege; and
(8) Report to the commission adverse action taken by any nonmember state not later than thirty days after the date the adverse action is taken.

(b) The compact privilege is valid until the expiration date of the home license. The licensee shall comply with the requirements of subsection (a) of this section of the compact to maintain the compact privilege in the remote state.

(c) A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(d) A licensee providing physical therapy in a remote state is subject to such state's regulatory authority. A remote state may, in accordance with due process and such state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines and take any other necessary action to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

(e) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(1) The home state license is no longer encumbered; and

(2) Two years have elapsed from the date of the adverse action.

(f) Once an encumbered license in the home state is restored to good standing, the licensee shall meet the requirements of subsection (a) of this section of the compact to obtain a compact privilege in any remote state.

(g) If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:
(1) The specific period of time for which the compact privilege was removed has ended;

(2) All fines have been paid; and

(3) Two years have elapsed from the date of the adverse action.

(h) Once the requirements of subsection (g) of this section of the compact have been met, the licensee shall meet the requirements set forth in subsection (a) of this section of the compact to obtain a compact privilege in a remote state.

SECTION 5. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

(1) Home of record;

(2) Permanent change of station (PCS); or

(3) State of current residence if such state is different from the PCS state or home of record.

SECTION 6. ADVERSE ACTIONS

(a) A home state shall have exclusive power to impose adverse action against a license issued by the home state.

(b) A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

(c) Nothing in the compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if
required by the member state's laws. Member states shall require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

(d) Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

(e) A remote state shall have the authority to:

(1) Take adverse actions as set forth in subsection (d) of section 4 of the compact against a licensee's compact privilege in the state;

(2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in such other party state by any court of competent jurisdiction, according to the practice and procedure of such court applicable to subpoenas issued in proceedings pending before such court. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located; and

(3) If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against such licensee.

(f) Joint Investigations

(1) In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint
investigations of licensees.

(2) Member states shall share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

SECTION 7. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

(a) The compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission.

(1) The commission is an instrumentality of the compact states.

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent that it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in the compact shall be construed to be a waiver of sovereign immunity.

(b) Membership, Voting and Meetings

(1) Each member state shall have and be limited to one delegate selected by such member state's licensing board.

(2) The delegate shall be a current member of the licensing board who is a physical therapist, a physical therapist assistant, a public member or the board administrator.

(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(4) The member state board shall fill any vacancy occurring in the commission.
(5) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission.

(6) A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(7) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(c) The commission shall have the following powers and duties:

(1) Establish the fiscal year of the commission;

(2) Establish bylaws;

(3) Maintain its financial records in accordance with the bylaws;

(4) Meet and take such actions as are consistent with the provisions of the compact and the bylaws;

(5) Promulgate uniform rules to facilitate and coordinate implementation and administration of the compact. The rules shall have the force and effect of law and shall be binding in all member states;

(6) Bring and prosecute legal proceedings or actions in the name of the commission, provided the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;

(7) Purchase and maintain insurance and bonds;

(8) Borrow, accept or contract for services of personnel, including, but not limited to, employees of a member state;
9  (9) Hire employees, elect or appoint officers, fix compensation, define duties and grant such individuals appropriate authority to carry out the purposes of the compact and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;

10 (10) Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services and receive, utilize and dispose of such money, equipment, supplies, materials and services, provided at all times the commission shall avoid any appearance of impropriety or conflict of interest;

11  (11) Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use any property, real, personal or mixed, provided at all times the commission shall avoid any appearance of impropriety;

12  (12) Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any real, personal or mixed property;

13  (13) Establish a budget and make expenditures;

14  (14) Borrow money;

15  (15) Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives and such other interested persons as may be designated in the compact and the bylaws;

16  (16) Provide and receive information from, and cooperate with, law-enforcement agencies;

17  (17) Establish and elect an executive board; and

18  (18) Perform such other functions as may be necessary or appropriate to achieve the purposes of the compact consistent with the state regulation of physical therapy licensure and practice.
(d) The Executive Board

The executive board shall have the power to act on behalf of the commission according to the terms of the compact.

(1) The executive board shall be composed of nine members as follows:

(A) Seven voting members who are elected by the commission from the current membership of the commission;

(B) One ex-officio, nonvoting member from the recognized national physical therapy professional association; and

(C) One ex-officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.

(2) The ex-officio members shall be selected by their respective organizations.

(3) The commission may remove any member of the executive board as provided in bylaws.

(4) The executive board shall meet at least annually.

(5) The executive board shall have the following duties and responsibilities:

(A) Recommend to the entire commission changes to the rules or bylaws, changes to the compact legislation, fees paid by compact member states, including annual dues, and any commission compact fee charged to licensees for the compact privilege;

(B) Ensure compact administration services are appropriately provided, contractual or otherwise;

(C) Prepare and recommend the budget;

(D) Maintain financial records on behalf of the commission;
(E) Monitor compact compliance of member states and provide compliance reports to the commission;

(F) Establish additional committees as necessary; and

(G) Perform other duties as provided in rules or bylaws.

(e) Meetings of the Commission

(1) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions of section 9 of the compact.

(2) The commission or the executive board or other committees of the commission may convene in a closed, nonpublic meeting if the commission or executive board or other committees of the commission shall discuss:

(A) Noncompliance of a member state with its obligations under the compact;

(B) The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(C) Current, threatened or reasonably anticipated litigation;

(D) Negotiation of contracts for the purchase, lease or sale of goods, services or real estate;

(E) Accusing any person of a crime or formally censuring any person;

(F) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(G) Disclosure of information of a personal nature where disclosure
would constitute a clearly unwarranted invasion of personal privacy;

(H) Disclosure of investigative records compiled for law-
enforcement purposes;

(I) Disclosure of information related to any investigative reports
prepared by or on behalf of or for use of the commission or other
committee charged with responsibility of investigation or
determination of compliance issues pursuant to the compact; or

(J) Matters specifically exempted from disclosure by federal or
member state statute.

(3) If a meeting or portion of a meeting is closed pursuant to this
provision, the commission's legal counsel or designee shall certify that
the meeting may be closed and shall reference each relevant exempting
provision.

(4) The commission shall keep minutes that fully and clearly
describe all matters discussed in a meeting and shall provide a full and
accurate summary of actions taken and the reasons therefor, including
a description of the views expressed. All documents considered in
connection with an action shall be identified in such minutes. All
minutes and documents of a closed meeting shall remain under seal,
subject to release by a majority vote of the commission or order of a
court of competent jurisdiction.

(f) Financing of the Commission

(1) The commission shall pay or provide for the payment of the
reasonable expenses of its establishment, organization and ongoing
activities.

(2) The commission may accept any and all appropriate revenue
sources, donations and grants of money, equipment, supplies,
materials and services.
(3) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which shall be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet such obligations, or pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the commission shall be audited annually by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the commission.

(g) Qualified Immunity, Defense and Indemnification

(1) The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional or wilful or wanton misconduct of such person.
(2) The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided (A) nothing in this subdivision shall be construed to prohibit such person from retaining his or her own counsel, and (B) the actual or alleged act, error or omission did not result from such person's intentional or wilful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the commission for the amount of any settlement or judgment obtained against such person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided the actual or alleged act, error or omission did not result from the intentional or wilful or wanton misconduct of such person.

SECTION 8. DATA SYSTEM

(a) The commission shall provide for the development, maintenance and utilization of a coordinated database and reporting system containing licensure, adverse action and investigative information on all licensed individuals in member states.

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom the compact is applicable as required by the rules of the commission, including:

(1) Identifying information;
(2) Licensure data;

(3) Adverse actions against a license or compact privilege;

(4) Nonconfidential information related to alternative program participation;

(5) Any denial of application for licensure, and the reason for such denial; and

(6) Other information that may facilitate the administration of the compact, as determined by the rules of the commission.

(c) Investigative information pertaining to a licensee in any member state shall only be available to other party states.

(d) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.

(e) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(f) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

SECTION 9. RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used
to adopt the compact not later than four years after the date of adoption of the rule, such rule shall have no further force and effect in any member state.

(c) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(d) Prior to promulgation and adoption of a final rule or rules by the commission, and at least thirty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the Internet web site of the commission or other publicly accessible platform; and

(2) On the Internet web site of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include:

(1) The proposed time, date and location of the meeting in which the rule will be considered and voted upon;

(2) The text of the proposed rule or amendment and the reason for the proposed rule;

(3) A request for comments on the proposed rule from any interested person; and

(4) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(f) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
(g) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) At least twenty-five persons;

(2) A state or federal governmental subdivision or agency; or

(3) An association having at least twenty-five members.

(h) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings shall be recorded. A copy of the recording shall be made available on request.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(j) If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.
(k) The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(l) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, but in no event later than ninety days after the effective date of the rule. For the purposes of this subsection, an emergency rule shall be adopted immediately to:

1. Meet an imminent threat to public health, safety or welfare;
2. Prevent a loss of commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the Internet web site of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

SECTION 10. OVERSIGHT, DISPUTE RESOLUTION AND
ENFORCEMENT

(a) Oversight

(1) The executive, legislative and judicial branches of state government in each member state shall enforce the compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of the compact and the rules promulgated under the compact shall have standing as statutory law.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the compact which may affect the powers, responsibilities or actions of the commission.

(3) The commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, the compact or promulgated rules.

(b) Default, Technical Assistance and Termination

(1) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the compact or the promulgated rules, the commission shall:

(A) Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, and or any other action to be taken by the commission; and

(B) Provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits
conferred by the compact may be terminated on the effective date of
termination. A cure of the default shall not relieve the offending state
of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed
only after all other means of securing compliance have been exhausted.
Notice of intent to suspend or terminate shall be given by the
commission to the governor, the majority and minority leaders of the
defaulting state's legislature and each of the member states.

(4) A state that has been terminated is responsible for all
assessments, obligations and liabilities incurred through the effective
date of termination, including obligations that extend beyond the
effective date of termination.

(5) The commission shall not bear any costs related to a state that is
found to be in default or that has been terminated from the compact,
unless agreed upon in writing between the commission and the
defaulting state.

(6) The defaulting state may appeal the action of the commission by
petitioning the United States District Court for the District of Columbia
or the federal district where the commission has its principal offices.
The prevailing member shall be awarded all costs of such litigation,
including reasonable attorney's fees.

(c) Dispute Resolution

(1) Upon request by a member state, the commission shall attempt
to resolve disputes related to the compact that arise among member
states and between member and nonmember states.

(2) The commission shall promulgate a rule providing for both
mediation and binding dispute resolution for disputes as appropriate.

(d) Enforcement
(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the compact.

(2) By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

SECTION 11. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

(a) The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at such time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(b) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in such state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in such state.

(c) Any member state may withdraw from the compact by enacting
a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of the compact prior to the effective date of withdrawal.

(d) Nothing contained in the compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of the compact.

(e) The compact may be amended by the member states. No amendment to the compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 12. CONSTRUCTION AND SEVERABILITY

The compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of the compact shall be severable, and if any phrase, clause, sentence or provision of the compact is declared to be contrary to the constitution of any party state or the Constitution of the United States, or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of the compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If the compact shall be held contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters."

Sec. 21. (Effective July 1, 2023) (a) The Commissioner of Public Health shall establish a podiatric scope of practice working group to advise
the Department of Public Health and any relevant scope of practice
review committee established pursuant to section 19a-16e of the
general statutes regarding the scope of practice of podiatrists as it
relates to surgical procedures. The working group shall consist of not
less than three podiatrists licensed pursuant to chapter 375 of the
general statutes and not less than three orthopedic surgeons licensed
pursuant to chapter 370 of the general statutes appointed by the
commissioner. Not later than January 1, 2024, the working group shall
report to the commissioner and any such scope of practice review
committee regarding its findings and recommendations.

(b) Not later than February 1, 2024, the Commissioner of Public
Health shall report, in accordance with the provisions of section 11-4a
of the general statutes, to the joint standing committee of the General
Assembly having cognizance of matters relating to public health on the
findings and recommendations of the working group and whether the
Department of Public Health and any relevant scope of practice review
committee is in agreement with such findings and recommendations.

Sec. 22. Section 20-94a of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2023):

(a) The Department of Public Health may issue an advanced
practice registered nurse license to a person seeking to perform the
activities described in subsection (b) of section 20-87a, upon receipt of
a fee of two hundred dollars, to an applicant who: (1) Maintains a
license as a registered nurse in this state, as provided by section 20-93
or 20-94; (2) holds and maintains current certification as a nurse
practitioner, a clinical nurse specialist or a nurse anesthetist from one
of the following national certifying bodies that certify nurses in
advanced practice: The American Nurses' Association, the Nurses'
Association of the American College of Obstetricians and
Gynecologists Certification Corporation, the National Board of
Pediatric Nurse Practitioners and Associates or the American
Association of Nurse Anesthetists, their successors or other
appropriate national certifying bodies approved by the Board of Examiners for Nursing; (3) has completed thirty hours of education in pharmacology for advanced nursing practice; and (4) (A) holds a graduate degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the foregoing certifying bodies, or (B) (i) on or before December 31, 2004, completed an advanced nurse practitioner program that a national certifying body identified in subdivision (2) of subsection (a) of this section recognized for certification of a nurse practitioner, clinical nurse specialist, or nurse anesthetist, and (ii) at the time of application, holds a current license as an advanced practice registered nurse in another state that requires a master's degree in nursing or a related field for such licensure. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

(b) During the period commencing January 1, 1990, and ending January 1, 1992, the Department of Public Health may in its discretion allow a registered nurse, who has been practicing as an advanced practice registered nurse in a nurse practitioner role and who is unable to obtain certification as a nurse practitioner by one of the national certifying bodies specified in subsection (a) of this section, to be licensed as an advanced practice registered nurse provided the individual:

(1) Holds a current Connecticut license as a registered nurse pursuant to this chapter;

(2) Presents the department with documentation of the reasons one of such national certifying bodies will not certify him as a nurse practitioner;

(3) Has been in active practice as a nurse practitioner for at least five years in a facility licensed pursuant to section 19a-491;
(4) Provides the department with documentation of his preparation as a nurse practitioner;

(5) Provides the department with evidence of at least seventy-five contact hours, or its equivalent, of continuing education related to his nurse practitioner specialty in the preceding five calendar years;

(6) Has completed thirty hours of education in pharmacology for advanced nursing practice;

(7) Has his employer provide the department with a description of his practice setting, job description, and a plan for supervision by a licensed physician;

(8) Notifies the department of each change of employment to a new setting where he will function as an advanced practice registered nurse and will be exercising prescriptive and dispensing privileges.

(c) Any person who obtains a license pursuant to subsection (b) of this section shall be eligible to renew such license annually provided he presents the department with evidence that he received at least fifteen contact hours, or its equivalent, eight hours of which shall be in pharmacology, of continuing education related to his nurse practitioner specialty in the preceding licensure year. If an individual licensed pursuant to subsection (b) of this subsection becomes eligible at any time for certification as a nurse practitioner by one of the national certifying bodies specified in subsection (a) of this section, the individual shall apply for certification, and upon certification so notify the department, and apply to be licensed as an advanced practice registered nurse in accordance with subsection (a) of this section.

(d) On and after October 1, 2023, a person, who is not eligible for licensure under subsection (a) of this section, may apply for licensure by endorsement as an advanced practice registered nurse. Such applicant shall (1) present evidence satisfactory to the Commissioner of Public Health that the applicant has acquired three years of
experience as an advanced practice registered nurse, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction that has requirements for practicing in such capacity that are substantially similar to, or higher than, those of this state and that there are no disciplinary actions or unresolved complaints pending against such person, and (2) pay a fee of two hundred dollars to the commissioner.

[(d) (e) A person who has received a license pursuant to this section shall be known as an "Advanced Practice Registered Nurse" and no other person shall assume such title or use the letters or figures which indicate that the person using the same is a licensed advanced practice registered nurse.

Sec. 23. Section 10a-19l of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2023):

(a) Not later than January 1, 2023, the Office of Higher Education shall establish a health care provider loan reimbursement program. The health care provider loan reimbursement program shall provide loan reimbursement grants to health care providers licensed by the Department of Public Health who are employed full-time as a health care provider in the state.

(b) The executive director of the Office of Higher Education shall (1) develop, in consultation with the Department of Public Health, eligibility requirements for recipients of such loan reimbursement grants, which requirements may include, but need not be limited to, income guidelines, [and] (2) award at least twenty per cent of such loan reimbursement grants to graduates of a regional community-technical college, and (3) award at least ten per cent of such loan reimbursement grants to persons employed full-time as health care providers in a rural community in the state. The executive director shall consider health care workforce shortage areas when developing such eligibility requirements. A person who qualifies for a loan reimbursement grant shall be reimbursed on an annual basis for
qualifying student loan payments in amounts determined by the executive director. A health care provider shall only be reimbursed for loan payments made while such person is employed full-time in the state as a health care provider. Persons may apply for loan reimbursement grants to the Office of Higher Education at such time and in such manner as the executive director prescribes.

(c) The Office of Higher Education may accept gifts, grants and donations, from any source, public or private, for the health care provider loan reimbursement program.

Sec. 24. (NEW) (Effective July 1, 2023) Not later than January 1, 2024, the owner or operator of each splash pad and spray park where water is recirculated shall post a sign in a conspicuous location at or near the entryway to the splash pad or spray park stating that the water is recirculated and warning that there is a potential health risk to persons ingesting the water.

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

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<td>2</td>
<td>July 1, 2023</td>
<td>New section</td>
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<td>3</td>
<td>October 1, 2023</td>
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Sec. 18    July 1, 2023        New section
Sec. 19    from passage      New section
Sec. 20    July 1, 2023      New section
Sec. 21    July 1, 2023      New section
Sec. 22    October 1, 2023   20-94a
Sec. 23    July 1, 2023      10a-19l
Sec. 24    July 1, 2023      New section

Statement of Purpose:
To equalize access to physical, mental and behavioral health care in the
state and to strengthen the state's response to the fentanyl and opioid
epidemic.

[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.]

Co-Sponsors:    SEN. LOONEY, 11th Dist.; SEN. DUFF, 25th Dist.
                SEN. ANWAR, 3rd Dist.; SEN. CABRERA, 17th Dist.
                SEN. COHEN, 12th Dist.; SEN. FLEXER, 29th Dist.
                SEN. FONFARA, 1st Dist.; SEN. GASTON, 23rd Dist.
                SEN. HOCHADEL, 13th Dist.; SEN. KUSHNER, 24th Dist.
                SEN. LESSER, 9th Dist.; SEN. LOPES, 6th Dist.
                SEN. MAHER, 26th Dist.; SEN. MARONEY, 14th Dist.
                SEN. MARX, 20th Dist.; SEN. MCCRARY, 2nd Dist.
                SEN. MILLER P., 27th Dist.; SEN. MOORE, 22nd Dist.
                SEN. RAHMAN, 4th Dist.; SEN. SLAP, 5th Dist.
                SEN. WINFIELD, 10th Dist.

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