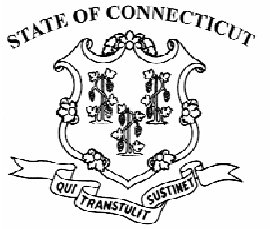

Substitute House Bill No. 6987

Public Act No. 15-242

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

Section 1. Subsection (f) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(f) The commissioner shall charge a fee of five hundred sixty-five dollars for the technical assistance provided for the design, review and development of an institution's construction, renovation, building alteration, sale or change in ownership when the cost of **[**such**]** the project is one million dollars or less and shall charge a fee of one-quarter of one per cent of the total **[**project**]** construction cost when the cost of **[**such**]** the project is more than one million dollars. Such fee shall include all department reviews and on-site inspections. For purposes of this subsection, "institution" does not include a facility owned by the state.

Sec. 2. Section 19a-491 of the general statutes is amended by adding subsection (j) as follows (*Effective October 1, 2015*):

(NEW) (j) (1) A chronic disease hospital shall (A) maintain its medical records on-site in an accessible manner, (B) keep a patient's

medical records on-site for a minimum of ten years after the date of such patient's discharge, except the hospital may destroy the patient's original medical records prior to the expiration of the ten-year period if a copy of such medical records is preserved by a process that is consistent with current hospital standards, or (C) complete a patient's medical records not more than thirty days after the date of such patient's discharge, except in unusual circumstances that shall be specified in the hospital's rules and regulations for its medical staff. Each chronic disease hospital shall provide the Department of Public Health with a list of the process it uses for preserving a copy of medical records in accordance with subparagraph (B) of this subdivision.

(2) A children's hospital shall (A) maintain its medical records, except nurses' notes, on-site in an accessible manner, and (B) keep a patient's medical records on-site for a minimum of ten years after the date of such patient's discharge, except the hospital may destroy the patient's original medical records prior to the expiration of the ten-year period if a copy of such medical records is preserved by a process that is consistent with current hospital standards. Each children's hospital shall provide the Department of Public Health a list of the process it uses for preserving a copy of medical records in accordance with subparagraph (B) of this subdivision.

(3) The Department of Public Health may adopt regulations in accordance with the provisions of chapter 54 to implement the provisions of this subsection.

Sec. 3. Subsection (b) of section 20-12d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) All prescription forms used by physician assistants shall contain the signature, name, address and license number of the physician

assistant. All orders written by a physician assistant shall be followed by the signature and the printed name of the physician assistant.

Sec. 4. Subsections (d) to (f), inclusive, of section 32-41jj of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(d) A person may conduct research involving embryonic stem cells, provided (1) the research is conducted with full consideration for the ethical and medical implications of such research, (2) the research is conducted before gastrulation occurs, (3) **[**prior to conducting such research, the person provides documentation to the Commissioner of Public Health in a form and manner prescribed by the commissioner verifying: (A) That**]** any human embryos, embryonic stem cells, unfertilized human eggs or human sperm used in such research have been donated voluntarily in accordance with the provisions of subsection (c) of this section, or **[**(B)**]** if any embryonic stem cells have been derived outside the state of Connecticut, **[**that**]** such stem cells have been acceptably derived as provided in the National Academies' Guidelines for Human Embryonic Stem Cell Research, as amended from time to time, and (4) all activities involving embryonic stem cells are overseen by an embryonic stem cell research oversight committee.

[(e) The Commissioner of Public Health shall enforce the provisions of this section and may adopt regulations, in accordance with the provisions of chapter 54, relating to the administration and enforcement of this section. The commissioner may request the Attorney General to petition the Superior Court for such order as may be appropriate to enforce the provisions of this section.**]**

[(f)**]** (e) Any person who conducts research involving embryonic stem cells in violation of the requirements of subdivision (2) of subsection (d) of this section shall be guilty of a class D felony, except that such person shall be fined not more than fifty thousand dollars.

Sec. 5. Subsection (b) of section 32-41kk of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) The Regenerative Medicine Research Advisory Committee established pursuant to section 32-41*ll* shall develop an application for grants-in-aid under this section for the purpose of conducting regenerative medicine research and may receive applications from eligible institutions for such grants-in-aid. The Regenerative Medicine Research Advisory Committee shall require any applicant for a grant-in-aid under this section to conduct regenerative medicine research to submit (1) a complete description of the applicant's organization, (2) the applicant's plans for regenerative medicine research and proposed funding for such research from sources other than the state, **[**and**]** (3) proposed arrangements concerning financial benefits to the state as a result of any patent, royalty payment or similar rights developing from any proposed research made possible by the awarding of such grant-in-aid, and (4) a form attesting to compliance with subsections (c) and (d) of section 32-41jj, as amended by this act, if the regenerative medicine research involves the use of embryonic stem cells. The Regenerative Medicine Research Advisory Committee shall direct the chief executive officer of Connecticut Innovations, Incorporated, with respect to the awarding of such grants-in-aid after considering recommendations from the Regenerative Medicine Research Peer Review Committee established pursuant to section 32-41mm.

Sec. 6. Section 20-101 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

No provision of this chapter shall confer any authority to practice medicine or surgery nor shall this chapter prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of an emergency; nor shall it be construed as prohibiting persons employed in state hospitals and state sanatoriums

and subsidiary workers in general hospitals from assisting in the nursing care of patients if adequate medical and nursing supervision is provided; nor shall it be construed to prohibit the administration of medications by dialysis patient care technicians in accordance with section 19a-269a; nor shall it be construed to prohibit a personal care assistant employed by a homemaker-companion agency registered pursuant to section 20-671 from administering medications to a competent adult who directs his or her own care and makes his or her own decisions pertaining to assessment, planning and evaluation; nor shall it be construed as prohibiting students who are enrolled in schools of nursing approved pursuant to section 20-90, and students who are enrolled in schools for licensed practical nurses approved pursuant to section 20-90, from performing such work as is incidental to their respective courses of study; nor shall it prohibit a registered nurse who holds a master's 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 certifying bodies identified in section 20-94a from practicing for a period not to exceed one hundred twenty days after the date of graduation, provided such graduate advanced practice registered nurse is working in a hospital or other organization under the supervision of a licensed physician or a licensed advanced practice registered nurse, such hospital or other organization has verified that the graduate advanced practice registered nurse has applied to sit for the national certification examination and the graduate advanced practice registered nurse is not authorized to prescribe or dispense drugs; nor shall it prohibit graduates of schools of nursing or schools for licensed practical nurses approved pursuant to section 20-90, from nursing the sick for a period not to exceed ninety calendar days after the date of graduation, provided such graduate nurses are working in hospitals or organizations where adequate supervision is provided, and such hospital or other organization has verified that the graduate nurse has successfully completed a nursing program. Upon notification that the

graduate nurse has failed the licensure examination or that the graduate advanced practice registered nurse has failed the certification examination, all privileges under this section shall automatically cease. No provision of this chapter shall prohibit (1) any registered nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-94, from caring for the sick pending the issuance of a license without examination; **[**nor shall it prohibit**]** (2) any licensed practical nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-97, from caring for the sick pending the issuance of a license without examination; **[**nor shall it prohibit**]** (3) any qualified registered nurse or any qualified licensed practical nurse of another state from caring for a patient temporarily in this state **[**, provided such nurse has been granted a temporary permit from said department and**]** for not longer than seventy-two hours, provided such nurse shall not represent or hold himself or herself out as a nurse licensed to practice in this state; **[**nor shall it prohibit**]** (4) any qualified registered nurse or any qualified licensed practical nurse of another state from caring for a patient longer than seventy-two hours, provided such nurse (A) has been issued a temporary permit by the department, and (B) shall not represent or hold himself or herself out as a nurse licensed to practice in this state; (5) registered nurses or licensed practical nurses from other states from doing such nursing as is incident to their course of study when taking postgraduate courses in this state; **[**nor shall it prohibit**]** or (6) nursing or care of the sick, with or without compensation or personal profit, in connection with the practice of the religious tenets of any church by adherents thereof, provided such persons shall not otherwise engage in the practice of nursing within the meaning of this chapter. This chapter shall not prohibit the care of persons in their homes by domestic servants, housekeepers, nursemaids, companions, attendants or household aides of any type, whether employed regularly or because of an emergency of illness, if such persons are not initially employed in a nursing capacity. This

chapter shall not prohibit unlicensed assistive personnel from administering jejunostomy and gastrojejunal tube feedings to persons who **[**(1)**]** (A) attend day programs or respite centers under the jurisdiction of the Department of Developmental Services, **[**(2)**]** (B) reside in residential facilities under the jurisdiction of the Department of Developmental Services, or **[**(3)**]** (C) receive support under the jurisdiction of the Department of Developmental Services, when such feedings are performed by trained, unlicensed assistive personnel pursuant to the written order of a physician licensed under chapter 370, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, as amended by this act.

Sec. 7. Section 20-206c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

The department may take any action set forth in section 19a-17, as amended by this act, if a person issued a license pursuant to section 20-206b fails to conform to the accepted standards of the massage therapy profession, including, but not limited to, the following: Conviction of a felony; fraud or deceit in obtaining a license; fraud or deceit in the practice of massage therapy; negligent, incompetent or wrongful conduct in professional activities; emotional disorder or mental illness; physical illness including, but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals; wilful falsification of entries into any client record pertaining to massage therapy; failure to make a written referral, as required in section 20-206b; violation of any provisions of this section and sections 20-206a **[**to 20-206c, inclusive**]** and 20-206b. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of

Hartford to enforce such order or any action taken pursuant to section 19a-17, as amended by this act. Notice of any contemplated action under said section, the cause of the action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54.

Sec. 8. Section 19a-180 of the general statutes is amended by adding subsections (k) and (l) as follows (*Effective October 1, 2015*):

(NEW) (k) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and a primary service area responder may apply to the commissioner, on a short form application prescribed by the commissioner, to change the address of a principal or branch location within its primary service area. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch locations. Unless a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner and requests a hearing on such application not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need to change the address of a principal or branch location within its primary service area at a public hearing as required under subsection (a) of this section.

(NEW) (l) The commissioner shall develop a short form application for primary service area responders seeking to change the address of a principal or branch location pursuant to subsection (k) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1)

the applicant's name and address, (2) the new address where the principal or branch is to be located, (3) an explanation as to why the principal or branch location is being moved, and (4) a list of the providers to whom notice was sent pursuant to subsection (k) of this section and proof of such notification.

Sec. 9. Subsection (a) of section 17b-451 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) **[**Any**]** A mandatory reporter, as defined in this section, who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition that is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports. The term "mandatory reporter" means (1) any physician or surgeon licensed under the provisions of chapter 370, (2) any resident physician or intern in any hospital in this state, whether or not so licensed, (3) any registered nurse, (4) any nursing home administrator, nurse's aide or orderly in a nursing home facility or residential care home, (5) any person paid for caring for a patient in a nursing home facility or residential care home, (6) any staff person employed by a nursing home facility or residential care home, (7) any patients' advocate, (8) any licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist or physical therapist, **[**and**]** (9) any person paid for caring for an elderly person by any institution, organization, agency or facility**[**. Such persons shall include an**]** including without limitation, any employee of a community-based services provider, senior center, home care agency,

homemaker and companion agency, adult day care center, village-model community and congregate housing facility, **[**who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition that is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports. Any person required to report under the provisions of this section**]** and (10) any person licensed or certified as an emergency medical services provider pursuant to chapter 368d or chapter 384d, including any such emergency medical services provider who is a member of a municipal fire department. Any mandatory reporter who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars, except that, if such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense. Any institution, organization, agency or facility employing individuals to care for persons sixty years of age or older shall provide mandatory training on detecting potential abuse**[**,**]** and neglect, exploitation and abandonment of such persons and inform such employees of their obligations under this section. For purposes of this subsection, "person paid for caring for an elderly person by any institution, organization, agency or facility" includes an employee of a community-based services provider, senior center, home health care agency, homemaker and companion agency, adult day care center, village-model community and congregate housing facility.

Sec. 10. Subdivision (9) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective*

October 1, 2015):

(9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance service shall not include emergency air transport services.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services, certified ambulance services and paramedic intercept services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the

commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services, certified ambulance services and paramedic intercept services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than **[**July fifteenth of such year**]** the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service, certified ambulance service or paramedic intercept service that is not applying for a rate increase, a written declaration by such licensed ambulance service, certified ambulance service or paramedic intercept service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services, certified ambulance services and paramedic intercept services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service, certified ambulance service or paramedic intercept service.

(C) Establish rates for licensed ambulance services, certified ambulance services or paramedic intercept services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms have the meanings provided in 42 CFR 414.605; and (ii) **[**intramunicipality**]** mileage, which **[**means**]** may include mileage for an ambulance transport when the point of

origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for **[**intramunicipality**]** mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision;

Sec. 11. Section 19a-175 of the general statutes is amended by adding subdivision (31) as follows (*Effective October 1, 2015*):

(NEW) (31) "Authorized emergency medical services vehicle" means an ambulance, invalid coach or advanced emergency technician-staffed intercept vehicle or a paramedic-staffed intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients.

Sec. 12. Section 19a-181 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) **[**Each**]** In addition to the inspection required under subsection (b) of this section, each ambulance **[**,**]** and invalid coach **[**and intermediate or paramedic intercept vehicle**]** used by an emergency medical service organization **[**shall be registered with the Department of Motor Vehicles pursuant to chapter 246. The Department of Motor Vehicles shall not issue a certificate of registration for any such ambulance, invalid coach or intermediate or paramedic intercept vehicle unless the applicant for such certificate of registration presents to said department a safety certificate from the Commissioner of Public

Health certifying that said**]** shall be inspected to verify such ambulance **[**,**]** or invalid coach **[**and intermediate or paramedic intercept vehicle has been inspected and**]** has met the minimum standards prescribed by the Commissioner of Public Health. **[**Each vehicle so registered with the Department of Motor Vehicles shall be inspected once every two years thereafter on or before the anniversary date of the issuance of the certificate of registration.**]** Such inspection shall be conducted (1) in accordance with 49 CFR 396.17, as amended from time to time, and (2) by a person (A) qualified to perform such inspection in accordance with 49 CFR 396.19 and 49 CFR 396.25, as amended from time to time, and (B) employed by the state or a municipality of the state or licensed in accordance with section 14-52. A record of each inspection shall be made in accordance with section 49 CFR 396.21, as amended from time to time. Each **[**such**]** inspector, upon determining that such ambulance **[**,**]** or invalid coach **[**or intermediate or paramedic intercept vehicle**]** meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall **[**affix a safety certificate to such vehicle**]** provide notification to the emergency medical services organization in such manner and form as said commissioner designates. **[**, and such sticker shall be so placed as to be**]** The Commissioner of Public Health shall affix a safety certificate sticker in the rear compartment of such ambulance or invalid coach in a location readily visible to any person. **[**in the rear compartment of such vehicle.**]**

(b) Each authorized emergency medical services vehicle used by an emergency medical service organization shall be inspected by the Department of Public Health to verify the authorized emergency medical services vehicle is in compliance with the minimum standards for vehicle design and equipment as prescribed by the Commissioner of Public Health. Each inspector, upon determining that such authorized emergency medical services vehicle meets the standards of safety and equipment prescribed by the Commissioner of Public

Health, shall affix a compliance certificate in the rear compartment of such vehicle, in such manner and form as said commissioner designates, and such sticker shall be so placed as to be readily visible to any person. The Commissioner of Public Health or the commissioner's designee may inspect any rescue vehicle used by an emergency medical service organization for compliance with the minimum equipment standards prescribed by said commissioner.

(c) Each authorized emergency medical services vehicle shall be registered with the Department of Motor Vehicles pursuant to chapter 246. The Department of Motor Vehicles shall not issue a certificate of registration for any such authorized emergency medical services vehicle unless the applicant for such certificate of registration presents to said department a compliance certificate from the Commissioner of Public Health certifying that such authorized emergency medical services vehicle has been inspected and has met the minimum safety and vehicle design equipment standards prescribed by the Commissioner of Public Health. Each vehicle registered with the Department of Motor Vehicles in accordance with this subsection shall be inspected by the Commissioner of Public Health or the commissioner's designee not less than once every two years on or before the anniversary date of the issuance of the certificate of registration.

[(b)**]** (d) The Department of Motor Vehicles shall suspend or revoke the certificate of registration of any vehicle inspected under the provisions of this section upon certification from the Commissioner of Public Health that such ambulance or rescue vehicle has failed to meet the minimum standards prescribed by said commissioner.

Sec. 13. Subsection (d) of section 19a-654 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(d) Except as provided in this subsection, patient-identifiable data received by the office shall be kept confidential and shall not be considered public records or files subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The office may release de-identified patient data or aggregate patient data to the public in a manner consistent with the provisions of 45 CFR 164.514. Any de-identified patient data released by the office shall exclude provider, physician and payer organization names or codes and shall be kept confidential by the recipient. The office may release patient-identifiable data (1) for medical and scientific research as provided for in **[**section 19a-25 and regulations adopted pursuant to section 19a-25**]** section 19a-25-3 of the regulations of Connecticut state agencies, and (2) to (A) a state agency for the purpose of improving health care service delivery, (B) a federal agency or the office of the Attorney General for the purpose of investigating hospital mergers and acquisitions, or (C) another state's health data collection agency with which the office has entered into a reciprocal data-sharing agreement for the purpose of certificate of need review or evaluation of health care services, upon receipt of a request from such agency, provided, prior to the release of such patient-identifiable data, such agency enters into a written agreement with the office pursuant to which such agency agrees to protect the confidentiality of such patient-identifiable data and not to use such patient-identifiable data as a basis for any decision concerning a patient. No individual or entity receiving patient-identifiable data may release such data in any manner that may result in an individual patient, physician, provider or payer being identified. The office shall impose a reasonable, cost-based fee for any patient data provided to a nongovernmental entity.

Sec. 14. Section 19a-30 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) As used in this section, "clinical laboratory" means any facility or

other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances.

(b) The Department of Public Health shall **[**, in its Public Health Code,**]** adopt regulations, **[**and**]** in accordance with the provisions of chapter 54, to establish reasonable standards governing exemptions from the licensing provisions of this section, clinical laboratory operations and facilities, personnel qualifications and certification, levels of acceptable proficiency in testing programs approved by the department, the collection, acceptance and suitability of specimens for analysis and such other pertinent laboratory functions, including the establishment of advisory committees, as may be necessary to insure public health and safety. No person, firm or corporation shall establish, conduct, operate or maintain a clinical laboratory unless such laboratory is licensed or approved by said department in accordance with its regulations. Each clinical laboratory shall comply with all standards for clinical laboratories **[**set forth in the Public Health Code**]** established by the department and shall be subject to inspection by said department, including inspection of all records necessary to carry out the purposes of this section. The commissioner, or an agent authorized by the commissioner, may conduct any inquiry, investigation or hearing necessary to enforce the provisions of this section or regulations adopted under this section and shall have power to issue subpoenas, order the production of books, records or documents, administer oaths and take testimony under oath relative to the matter of such inquiry, investigation or hearing. At any such hearing ordered by the department, the commissioner or such agent may subpoena witnesses and require the production of records, papers

and documents pertinent to such hearing. If any person disobeys such subpoena or, having appeared in obedience thereto, refuses to answer any pertinent question put to such person by the commissioner or such agent or to produce any records and papers pursuant to the subpoena, the commissioner or such agent may apply to the superior court for the judicial district of Hartford or for the judicial district wherein the person resides or wherein the business has been conducted, setting forth such disobedience or refusal and said court shall cite such person to appear before said court to answer such question or to produce such records and papers.

(c) Each application for licensure of a clinical laboratory, if such laboratory is located within an institution licensed in accordance with sections 19a-490 to 19a-503, inclusive, as amended by this act, shall be made on forms provided by said department and shall be executed by the owner or owners or by a responsible officer of the firm or corporation owning the laboratory. Such application shall contain a current itemized rate schedule, full disclosure of any contractual relationship, written or oral, with any practitioner using the services of the laboratory and such other information as said department requires, which may include affirmative evidence of ability to comply with the standards as well as a sworn agreement to abide by them. Upon receipt of any such application, said department shall make such inspections and investigations as are necessary and shall deny licensure when operation of the clinical laboratory would be prejudicial to the health of the public. Licensure shall not be in force until notice of its effective date and term has been sent to the applicant.

(d) A nonrefundable fee of two hundred dollars shall accompany each application for a license or for renewal thereof, except in the case of a clinical laboratory owned and operated by a municipality, the state, the United States or any agency of said municipality, state or United States. Each license shall be issued for a period of not less than

twenty-four nor more than twenty-seven months from the deadline for applications established by the commissioner. Renewal applications shall be made (1) biennially within the twenty-fourth month of the current license; (2) before any change in ownership or change in director is made; and (3) prior to any major expansion or alteration in quarters.

(e) A license issued under this section may be revoked or suspended in accordance with chapter 54 or subject to any other disciplinary action specified in section 19a-17, as amended by this act, if such laboratory has engaged in fraudulent practices, fee-splitting inducements or bribes, including but not limited to violations of subsection (f) of this section, or violated any other provision of this section or regulations adopted under this section after notice and a hearing is provided in accordance with the provisions of said chapter.

(f) No representative or agent of a clinical laboratory shall solicit referral of specimens to his or any other clinical laboratory in a manner which offers or implies an offer of fee-splitting inducements to persons submitting or referring specimens, including inducements through rebates, fee schedules, billing methods, personal solicitation or payment to the practitioner for consultation or assistance or for scientific, clerical or janitorial services.

(g) No clinical laboratory shall terminate the employment of an employee because such employee reported a violation of this section to the Department of Public Health.

(h) Any person, firm or corporation operating a clinical laboratory in violation of this section shall be fined not less than one hundred dollars or more than three hundred dollars for each offense. For purposes of calculating civil penalties under this section, each day a licensee operates in violation of this section or a regulation adopted under this section shall constitute a separate violation.

(i) The Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to establish levels of acceptable proficiency to be demonstrated in testing programs approved by the department for those laboratory tests which are not performed in a licensed clinical laboratory. Such levels of acceptable proficiency shall be determined on the basis of the volume or the complexity of the examinations performed.

Sec. 15. Section 19a-30a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) Each clinical laboratory, licensed pursuant to section 19a-30, as amended by this act, which discovers a medical error made in the performance or reporting of any test or examination performed by the laboratory shall promptly notify, in writing, the authorized person ordering the test of the existence of such error and shall promptly issue a corrected report or request for a retest, with the exception of HIV testing, in which case, errors shall be reported in person and counseling provided in accordance with chapter 368x.

(b) If the patient has requested the test directly from the laboratory, notice shall be sent to the patient, in writing, stating that a medical error in the reported patient test results has been detected and the patient is requested to contact the laboratory to arrange for a retest or other confirmation of test results. Said laboratory shall verbally or in writing inform the patient that in the event of a medical error the laboratory is required by law to inform him and that he may designate where such notification is to be sent. Such written notification shall be confidential and subject to the provisions of chapter 368x.

(c) Failure to comply with the provisions of this section may be cause for suspension or revocation of the license granted under said section 19a-30, as amended by this act, or the imposition of any other disciplinary action specified in section 19a-17, as amended by this act.

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

Sec. 16. Subsection (f) of section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(f) Such board or commission or the department may take disciplinary action against a practitioner's license or permit as a result of the practitioner having been subject to disciplinary action similar to an action specified in subsection (a) of this section by a duly authorized professional disciplinary agency of any state, a federal governmental agency, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Such board or commission or the department may rely upon the findings and conclusions made by a duly authorized professional disciplinary agency of any state, a federal governmental agency, the District of Columbia, a United States possession or territory or foreign jurisdiction in taking such disciplinary action.

Sec. 17. Subdivision (6) of subsection (a) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(6) Determine the eligibility of all applicants for permits, licensure, certification or registration, based upon compliance with the general statutes and administrative regulations. The department may deny the eligibility of an applicant for a permit or for licensure by examination, endorsement, reciprocity or for reinstatement of a license voided pursuant to subsection (f) of section 19a-88, voluntarily surrendered or, by agreement, not renewed or reinstated pursuant to subsection (d) of section 19a-17, or may issue a license pursuant to a consent order containing conditions that must be met by the applicant if the

department determines that the applicant:

(A) Has failed to comply with the general statutes and administrative regulations governing the applicant's profession;

(B) Has been found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state;

(C) Is subject to a pending disciplinary action or unresolved complaint before the duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;

(D) Has been subject to disciplinary action similar to an action specified in subsection (a) of section 19a-17 by a duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;

(E) Has committed an act which, if the applicant were licensed, would not conform to the accepted standards of practice of the profession, including, but not limited to, incompetence, negligence, fraud or deceit; illegal conduct; procuring or attempting to procure a license, certificate or registration by fraud or deceit; or engaging in, aiding or abetting unlicensed practice of a regulated profession, provided the commissioner, or the commissioner's designee, gives notice and holds a hearing, in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph; or

(F) Has a condition which would interfere with the practice of the applicant's profession, including, but not limited to, physical illness or loss of skill or deterioration due to the aging process, emotional disorder or mental illness, abuse or excessive use of drugs or alcohol,

provided the commissioner, or the commissioner's designee, gives notice and holds a hearing in accordance with the provisions of chapter 54, prior to denying an application for a permit or a license based on this subparagraph;

Sec. 18. Section 19a-531 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

Any employee of the Department of Public Health or the Department of Social Services or any regional ombudsman who gives or causes to be given any advance notice to any **[**nursing home facility or residential care home**]** institution, as defined in section 19a-490, as amended by this act, directly or indirectly, that an investigation or inspection that is not an initial licensure inspection is under consideration or is impending or gives any information regarding any complaint submitted pursuant to section 17a-413 or 19a-523 prior to an on-the-scene investigation or inspection of such facility, unless specifically mandated by federal or state regulations to give advance notice, shall be guilty of a class B misdemeanor and may be subject to dismissal, suspension or demotion in accordance with chapter 67.

Sec. 19. Section 19a-903c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) For purposes of this section:

(1) "Medical spa" means an establishment in which cosmetic medical procedures are performed, but shall not include, hospitals or other licensed health care facilities; and

(2) "Cosmetic medical procedure" means any procedure performed on a person that is directed at improving the person's appearance and that does not meaningfully promote the proper function of the body or prevent or treat illness or disease and may include, but is not limited to, cosmetic surgery, hair transplants, cosmetic injections, cosmetic soft

tissue fillers, dermaplaning, dermastamping, dermarolling, dermabrasion that removes cells beyond the stratum corneum, chemical peels using modification solutions that exceed thirty per cent concentration with a pH value of lower than 3.0, laser hair removal, laser skin resurfacing, laser treatment of leg veins, sclerotherapy and other laser procedures, intense pulsed light, injection of cosmetic filling agents and neurotoxins and the use of class II medical devices designed to induce deep skin tissue alteration.

(b) Each medical spa shall employ or contract for the services of: (1) A physician licensed pursuant to chapter 370; (2) a physician assistant licensed pursuant to chapter 370; or (3) an advanced practice registered nurse licensed pursuant to chapter 378. Each such physician, physician assistant or advanced practice registered nurse shall: (A) Be actively practicing in the state; and (B) have received education or training from an institution of higher education or professional organization to perform cosmetic medical procedures and have experience performing such procedures. Any cosmetic medical procedure performed at a medical spa shall be performed in accordance with the provisions of this title and title 20, and shall only be performed by such physician, physician assistant or advanced practice registered nurse, or a registered nurse licensed pursuant to chapter 378.

(c) A physician, physician assistant or advanced practice registered nurse who is employed by, or under contract with, the medical spa shall perform an initial <u>in-person</u> physical assessment of each person undergoing a cosmetic medical procedure at the medical spa prior to such procedure being performed.

(d) Each medical spa shall post information, including the names and any specialty areas of any physician, physician assistant, advanced practice registered nurse or registered nurse performing cosmetic medical procedures, in a conspicuous place that is accessible to customers at the medical spa and on any Internet web site maintained

by the medical spa. Such information shall also be: (1) Contained in any advertisement by the medical spa or state that such information may be found on the medical spa's Internet web site and list the address for such Internet web site; and (2) contained in a written notice that is provided to each person before undergoing any cosmetic medical procedure at the medical spa.

Sec. 20. Subsection (a) of section 19a-401 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) There is established a Commission on Medicolegal Investigations, as an independent administrative commission, consisting of nine members: Two full professors of pathology, two full professors of law, a member of the Connecticut Medical Society, a member of the Connecticut Bar Association, two members of the public, selected by the Governor, and the Commissioner of Public Health, or the commissioner's designee. The Governor shall appoint the two full professors of pathology and the two full professors of law from a panel of not less than four such professors in the field of medicine and four such professors in the field of law recommended by a committee composed of the deans of the recognized schools and colleges of medicine and of law in the state of Connecticut; the member of the Connecticut Medical Society from a panel of not less than three members of that society recommended by the council of that society; and the member of the Connecticut Bar Association from a panel of not less than three members of that association recommended by the board of governors of that association. Initially, one professor of pathology, one professor of law, the member of the Connecticut Medical Society, and one member of the public shall serve for six years and until their successors are appointed, and one professor of pathology, one professor of law, the member of the Connecticut Bar Association and one member of the public shall serve for three years, and until their

successors are appointed. All appointments to full terms subsequent to the initial appointments shall be for six years. Vacancies shall be filled for the expiration of the term of the member being replaced in the same manner as original appointments. Members shall be eligible for reappointment under the same conditions as are applicable to initial appointments. The commission shall elect annually one of its members as chairman and one as vice chairman. Members of the commission shall receive no compensation but shall be reimbursed for their actual expenses incurred in service on the commission. The commission shall meet at least once each year and more often as its duties require, upon the request of any two members and shall meet at least once each year with those persons and groups that are affected by commission policies and procedures. The commission shall adopt its own rules for the conduct of its meetings.

Sec. 21. Subsection (a) of section 19a-29a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) As used in this section: **[**, "environmental laboratory"**]**

(1) "Environmental laboratory" means any facility or other area, including, but not limited to, an outdoor area where testing occurs, used for microbiological, chemical, radiological or other analyte testing of drinking waters, ground waters, sea waters, rivers, streams and surface waters, recreational waters, fresh water sources, wastewaters, swimming pools, construction, renovation and demolition building materials, soil, solid waste, animal and plant tissues, sewage, sewage effluent, sewage sludge or any other matrix for the purpose of providing information on the sanitary quality or the amount of pollution or any substance prejudicial to health or the environment. **[**For purposes of this section**]** "Environmental laboratory" does not include a publicly-owned treatment works, as defined in section 22a-521, that performs only physical, residue, microbiological and

biological oxygen demand tests for its own facility for which results are required by or submitted to the Department of Energy and Environmental Protection to comply with permits or authorizations issued pursuant to section 22a-6k, 22a-430 or 22a-430b, or a pollution abatement facility, as defined in either section 22a-423 or 22a-475, that tests for pH, turbidity, conductivity, salinity and oxidation-reduction potential, and tests for residual chlorine for its own facility for which results are required by or submitted to the Department of Energy and Environmental Protection to comply with permits or authorizations issued pursuant to section 22a-6k, 22a-430 or 22a-430b;

[(1) "analyte"**]** (2) "Analyte" means a microbiological, chemical, radiological or other component of a matrix being measured by an analytical test; **[**,**]** and

[(2) "matrix"**]** (3) "Matrix" means the substance or medium in which an analyte is contained, that may include drinking water or wastewater.

Sec. 22. Subsection (b) of section 20-206bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) Each person seeking licensure as an acupuncturist shall make application on forms prescribed by the department, pay an application fee of two hundred dollars and present to the department satisfactory evidence that the applicant has (1) **[**has**]** completed sixty semester hours, or its equivalent, of postsecondary study in an institution of postsecondary education that, if in the United States or its territories, was accredited by a recognized regional accrediting body or, if outside the United States or its territories, was legally chartered to grant postsecondary degrees in the country in which located, (2) **[**has**]** successfully completed a course of study in acupuncture in a program that, at the time of graduation, was in candidate status with or

accredited by an accrediting agency recognized by the United States Department of Education and included (A) for a person who completed such course of study before October 1, 2012, a minimum of one thousand three hundred fifty hours of didactic and clinical training, five hundred of which were clinical, or (B) for a person who completed such course of study on or after October 1, 2012, a minimum of one thousand nine hundred five hours of didactic and clinical training, six hundred sixty of which were clinical, (3) **[**has**]** passed all portions of the National Certification Commission for Acupuncture and Oriental Medicine examination required for acupuncture certification or an examination prescribed by the department, **[**and**]** (4) **[**has**]** successfully completed a course in clean needle technique prescribed by the department, and (5) prior to providing direct patient care services, acquired professional liability insurance or other indemnity against liability for professional malpractice. Any person successfully completing the education, examination or training requirements of this section in a language other than English shall be deemed to have satisfied the requirement completed in that language. The amount of insurance that each person shall carry as insurance or indemnity against claims for injury or death for professional malpractice shall be not less than two hundred fifty thousand dollars for one person, per occurrence, with an aggregate of not less than one million dollars.

Sec. 23. Subdivision (1) of subsection (e) of section 20-206bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(1) Except as provided in subdivision (2) of this subsection, for registration periods beginning on and after October 1, 2014, a licensee applying for license renewal shall (A) maintain a certification by the National Certification Commission for Acupuncture and Oriental Medicine, or (B) earn not less than thirty contact hours of continuing

education approved by the National Certification Commission for Acupuncture and Oriental Medicine within the preceding twenty-four-month period. For registration periods beginning on and after October 1, 2015, a licensee who provides direct patient care services and who is applying for license renewal shall maintain professional liability insurance or other indemnity against liability for professional malpractice.

Sec. 24. Section 20-206cc of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

The department may take any action set forth in section 19a-17, as amended by this act, if a person issued a license pursuant to section 20-206bb, as amended by this act, fails to conform to the accepted standards of the acupuncturist profession, including, but not limited to, the following: Conviction of a felony; fraud or deceit in the practice of acupuncture; illegal conduct; negligent, incompetent or wrongful conduct in professional activities; emotional disorder or mental illness; physical illness including, but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals; wilful falsification of entries into any patient record pertaining to acupuncture; misrepresentation or concealment of a material fact in the obtaining or reinstatement of an acupuncturist license; failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as required under section 20-206bb, as amended by this act; or violation of any provisions of subsection (c) of section 19a-14. The commissioner may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17, as amended by this act. Notice of any contemplated action under said section, the cause of the

action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54.

Sec. 25. Subsection (c) of section 19a-6n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(c) A representative of the Department of Education Bureau of Special Education shall be a member and the chairpersons of the joint standing **[**committee**]** committees of the General Assembly having cognizance of matters relating to public health and insurance, or the chairpersons' designees, shall be members of the advisory council.

Sec. 26. Section 20-151 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any licensed optician and any optical department in any establishment, office or store may apply to **[**said department**]** the Department of Public Health for a registration certificate to sell at retail optical glasses and instruments from given formulas and to make and dispense reproductions of the same, in a shop, store, optical establishment or office owned and managed by a licensed optician as defined in section 20-145 or where the optical department thereof is under the supervision of such a licensed optician, and said registration shall be designated as an optical selling permit. Said department shall grant such permits for a period not exceeding one year, upon the payment of a fee of three hundred fifteen dollars, and upon satisfactory evidence to said department that such optical establishment, office or store is being conducted in accordance with the regulations adopted under this chapter. Such permit shall be conspicuously posted within such optical establishment, office or store. All permits issued under the provisions of this chapter shall expire on September first in each year.

(b) The provisions of this section shall not be construed to require a permit from the Department of Public Health for an ophthalmic science educational program offered by a regionally accredited institution of higher education operating an optical establishment for the purpose of providing practical training to students enrolled in such program.

Sec. 27. Section 19a-639e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) Unless otherwise required to file a certificate of need application pursuant to the provisions of subsection (a) of section 19a-638, any health care facility that proposes to terminate a service that was authorized pursuant to a certificate of need issued under this chapter shall file a modification request with the office not later than sixty days prior to the proposed date of the termination of the service. The office may request additional information from the health care facility as necessary to process the modification request. In addition, the office shall hold a public hearing on any request from a health care facility to terminate a service pursuant to this section if three or more individuals or an individual representing an entity with five or more people submits a request, in writing, that a public hearing be held on the health care facility's proposal to terminate a service.

(b) **[**Any**]** Unless otherwise required to file a certificate of need application pursuant to the provisions of subsection (a) of section 19a-638, any health care facility that proposes to terminate all services offered by such facility, that were authorized pursuant to one or more certificates of need issued under this chapter, shall provide notification to the office not later than sixty days prior to the termination of services and such facility shall surrender its certificate of need not later than thirty days prior to the termination of services.

(c) **[**Any**]** Unless otherwise required to file a certificate of need

application pursuant to the provisions of subsection (a) of section 19a-638, any health care facility that proposes to terminate the operation of a facility or service for which a certificate of need was not obtained shall notify the office not later than sixty days prior to terminating the operation of the facility or service.

(d) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner holds a public hearing prior to implementing the policies and procedures and prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted. Final regulations shall be adopted by December 31, **[**2011**]** 2015.

Sec. 28. Subdivision (4) of subsection (a) of section 20-74ee of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to: (A) Prohibit a nuclear medicine technologist, as defined in section 20-74uu, who (i) has successfully completed the individual certification exam for computed tomography or magnetic resonance imaging administered by the American Registry of Radiologic Technologists, and (ii) holds and maintains in good standing, computed tomography or magnetic resonance imaging certification by the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board from fully operating a computed tomography or magnetic resonance imaging portion of a hybrid-fusion imaging system, including diagnostic imaging, in conjunction with a positron emission tomography or single-photon emission computed

tomography imaging system; or (B) require a technologist who is certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists and who operates a bone densitometry system under the supervision, control and responsibility of a physician licensed pursuant to chapter 370, to be licensed as a radiographer.

Sec. 29. Section 20-254 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) Any person who holds a license at the time of application as a registered hairdresser and cosmetician, or as a person entitled to perform similar services under different designations in any other state, in the District of Columbia, or in a commonwealth or territory of the United States, and who was issued such license on the basis of successful completion of a program of education and training in hairdressing and cosmetology and an examination shall be eligible for licensing in this state and entitled to a license without examination upon payment of a fee of fifty dollars. 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) If the issuance of such license in any other state, in the District of Columbia, or in a commonwealth or territory of the United States did not require an examination, an applicant who has legally practiced cosmetology for at least five years in a state outside of Connecticut shall be eligible for licensure under this section if the applicant submits to the commissioner evidence of education and experience that is satisfactory to the commissioner and upon payment of a fee of fifty dollars. Evidence of experience shall include, but not be limited to, (1) an original certification from the out-of-state licensing agency demonstrating at least five years of licensure, (2) correspondence from the applicant's former employers, coworkers or clients that describes the applicant's experience in the state for at least five years, and (3) a

copy of tax returns that indicate cosmetology as the applicant's occupation. 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 in the context of providing services as a cosmetician.

Sec. 30. Subsection (b) of section 17a-22j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) The council shall consist of the following members:

(1) Four appointed by the speaker of the House of Representatives; two of whom are representatives of general or specialty psychiatric hospitals; one of whom is an adult with a psychiatric disability; and one of whom is an advocate for adults with psychiatric disabilities;

(2) Four appointed by the president pro tempore of the Senate, two of whom are parents of children who have a behavioral health disorder or have received child protection or juvenile justice services from the Department of Children and Families; one of whom has expertise in health policy and evaluation; and one of whom is an advocate for children with behavioral health disorders;

(3) Two appointed by the majority leader of the House of Representatives; one of whom is a primary care provider serving adults or children in the Medicaid program; and one of whom is a child psychiatrist serving children pursuant to the HUSKY Plan;

(4) Two appointed by the majority leader of the Senate; one of whom is an advocate for adults with substance use disorders; and one of whom is a representative of school-based health clinics;

(5) Two appointed by the minority leader of the House of Representatives; one of whom is a provider of community-based

psychiatric services for adults; and one of whom is a provider of residential treatment for children;

(6) Two appointed by the minority leader of the Senate one of whom is a provider of community-based services for children with behavioral health problems and one of whom is a member of the Council on Medical Assistance Program Oversight;

(7) Four appointed by the Governor; two of whom are representatives of general or specialty psychiatric hospitals and two of whom are parents of children who have a behavioral health disorder or have received child protection or juvenile justice services from the Department of Children and Families;

(8) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies, or their designees;

(9) Four appointed by the chairpersons of the Behavioral Health Partnership Oversight Council; one of whom is a representative of a home health care agency providing behavioral health services; one of whom is a provider of substance use disorder treatment services; one of whom is an adult in recovery from a psychiatric disability; and one of whom is a parent or family member of an adult with a serious behavioral health disorder;

(10) **[**Eight**]** Ten nonvoting ex-officio members, one each appointed by the Commissioner of Social Services, the Commissioner of Children and Families, the Commissioner of Mental Health and Addiction Services, the Commissioner of Developmental Services, **[**and**]** the Commissioner of Education and the Commissioner of Public Health to represent his or her department, one appointed by the Chief Court Administrator of the Judicial Branch to represent the Court Support

Services Division and one each appointed by the State Comptroller, **[**and**]** the Secretary of the Office of Policy and Management, and the Healthcare Advocate to represent **[**said**]** his or her offices; and

(11) One representative from each administrative services organization under contract with the Department of Social Services to provide such services for recipients of assistance under Medicaid and HUSKY Plan, Part B to be nonvoting ex-officio members.

Sec. 31. (NEW) (*Effective July 1, 2016*) (a) No person shall use or require the use of disposable, nonsterile or sterile natural rubber latex gloves at a retail food establishment, including, but not limited to, a food service establishment, catering food service establishment or itinerant food vending establishment.

(b) Any person who violates subsection (a) of this section shall be fined not less than two hundred fifty dollars nor more than five hundred dollars.

Sec. 32. (*Effective from passage*) (a) The Commissioner of Education, in consultation with the Commissioner of Public Health, shall study the potential advantages of licensing board certified behavior analysts, as defined in section 20-185i of the general statutes, and assistant behavior analysts, who are credentialed by the Behavior Analyst Certification Board. Said commissioners shall also study the inclusion of board certified behavior analysts and assistant behavior analysts in school special education planning and placement teams, as described in section 10-76d of the general statutes.

(b) Not later than January 1, 2016, the Commissioner of Education shall report, in accordance with the provisions of section 11-4a of the general statutes, concerning the results of such study to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education. Such report shall

include, but need not be limited to, recommendations concerning: (1) Any new licensure or certification categories relating to behavioral analysis; (2) inclusion of board certified behavior analysts or assistant behavior analysts on special education planning placement teams; and (3) incentives for persons to enter the field of behavior analysis.

Sec. 33. (*Effective October 1, 2015*) (a) For purposes of this section, "food-borne disease outbreak" means an incident in which two or more persons experience a similar illness resulting from the ingestion of food or beverage that originated from a common source and is contaminated with chemicals or infectious agents.

(b) The Department of Public Health shall study issues concerning food-borne disease outbreaks originating from public eating places, as defined in section 22-127 of the general statutes, including, but not limited to, the type of information that is communicated to members of the public after a food-borne disease outbreak is confirmed and the manner of such communication. Not later than July 1, 2016, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, regarding such study to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 34. (*Effective from passage*) (a) There is established a task force to study childhood nutrition. Such study shall include, but not be limited to, an examination of (1) promoting healthier eating habits, (2) providing and promoting healthier options for school meals, and (3) the development of a nutrition education program for adoption by the local and regional school districts and integration into the physical education curriculum.

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

(1) Two appointed by the speaker of the House of Representatives,

one of whom shall be a certified dietician-nutritionist practicing in the state who provides services to children;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall be a pediatrician licensed and practicing in the state;

(3) One appointed by the majority leader of the House of Representatives, who shall be a medical researcher with experience conducting research concerning the effects of childhood nutrition on overall health;

(4) One appointed by the majority leader of the Senate, who shall be a school nurse licensed and practicing in the state;

(5) One appointed by the minority leader of the House of Representatives, who shall be a psychiatrist licensed and practicing in the state with experience treating children with issues related to nutrition;

(6) One appointed by the minority leader of the Senate, who shall be a licensed clinical social worker, as defined in section 20-195m of the general statutes, with experience providing services to children with issues related to nutrition; and

(7) The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a member of the General Assembly.

(d) All 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) Not later than January 1, 2016, 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, 2016, whichever is later.

Sec. 35. (*Effective from passage*) (a) There is established a task force to study rare diseases. The task force shall (1) examine research, diagnoses, treatment and education relating to rare diseases, and (2) make recommendations for the establishment of a permanent group of experts to advise the Department of Public Health on rare diseases. For purposes of this section, "rare disease" has the same meaning as provided in 21 USC 360bb, as amended from time to time.

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

(1) Four appointed by the speaker of the House of Representatives, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of neurology or neurological surgery, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of pediatrics, one of whom shall be an administrator of a hospital in the state, and one of whom shall be a medical researcher with experience conducting research concerning rare diseases;

(2) Four appointed by the president pro tempore of the Senate, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of cardiology or cardiovascular surgery, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of pulmonology, one of whom shall be a representative of a hospital in the state, and one of whom shall be a registered nurse or advanced practice registered nurse licensed and practicing in the state with experience treating rare diseases;

(3) Two appointed by the majority leader of the House of Representatives, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of orthopedics or orthopedic surgery, and one of whom shall be a rare disease survivor over the age of eighteen;

(4) Two appointed by the majority leader of the Senate, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of internal medicine, and one of whom shall be a caregiver of a pediatric rare disease survivor;

(5) Two appointed by the minority leader of the House of Representatives, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of emergency medicine, and one of whom shall be a representative of the National Organization for Rare Disorders; and

(6) Two appointed by the minority leader of the Senate, one of whom shall be a representative of the biopharmaceutical industry in the state with experience in research and development relating to rare

diseases, and one of whom shall be a representative of a hospital in the state with experience in research and development relating to rare diseases.

(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 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) Not later than January 1, 2016, 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, 2016, whichever is later.

Sec. 36. Section 7-74 of the general statutes, as amended by section 5 of public act 14-133, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

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

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

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

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

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

Sec. 37. Subdivisions (10) to (13), inclusive, of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical **[**services**]** service system and submit 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, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;

(11) Establish primary service areas and assign in writing a primary service area responder for each primary service area. Each state-owned campus having an acute care hospital on the premises shall be designated as the primary service area responder for that campus;

(12) Revoke primary service area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and

(13) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical **[**services**]** service organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical **[**services**]** service organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 38. Subsection (a) of section 19a-486b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) Not later than one hundred twenty days after the date of receipt of the completed application pursuant to subsection **[**(d)**]** (e) of section 19a-486a, the Attorney General and the commissioner shall approve the application, with or without modification, or deny the application. The commissioner shall also determine, in accordance with the provisions of chapter 368z, whether to approve, with or without modification, or deny the application for a certificate of need that is part of the completed application. Notwithstanding the provisions of section 19a-639a, as amended by this act, the commissioner shall complete the decision on the application for a certificate of need within the same time period as the completed application. Such one-hundred-twenty-day period may be extended by agreement of the Attorney General, the commissioner, the nonprofit hospital and the purchaser. If the Attorney General initiates a proceeding to enforce a subpoena pursuant to section 19a-486c or 19a-486d, the one-hundred-twenty-day period shall be tolled until the final court decision on the last pending enforcement proceeding, including any appeal or time for the filing of

such appeal. Unless the one-hundred-twenty-day period is extended pursuant to this section, if the commissioner and Attorney General fail to take action on an agreement prior to the one hundred twenty-first day after the date of the filing of the completed application, the application shall be deemed approved.

Sec. 39. Subsection (n) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

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

Sec. 40. Subdivision (2) of subsection (c) of section 19a-493 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(2) Any multicare institution that intends to offer services at a satellite unit or other location outside of its facilities or satellite units **[**,**]** shall submit an application for approval to offer services at such location to the Department of Public Health. Such application shall be submitted on a form and in the manner prescribed by the Commissioner of Public Health. Not later than forty-five days after receipt of such application, the commissioner shall notify the multicare institution of the approval or denial of such application. If the satellite unit or other location is approved, that satellite unit or location shall be deemed to be licensed in accordance with this section **[**19a-493**]** and

shall comply with the applicable requirements of this chapter and regulations adopted under this chapter.

Sec. 41. Section 19a-508a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

Upon admitting a patient to a hospital, hospital personnel shall promptly ask the patient whether the patient desires for his or her physician to be notified of the hospital admission. If the patient so desires, hospital personnel shall make reasonable efforts to notify the physician designated by the patient of the patient's hospital admission as soon as practicable, but not later than twenty-four hours after the patient's request. For purposes of this section, "hospital" **[**shall have**]** has the same meaning as provided in section 19a-490, as amended by this act; and "physician" means a person licensed under the provisions of chapter 370.

Sec. 42. Subsections (c) and (d) of section 19a-639a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(c) Not later than five business days after receipt of a properly filed certificate of need application, the office shall publish notice of the application on its Internet web site. Not later than thirty days after the date of filing of the application, the office may request such additional information as the office determines necessary to complete the application. The applicant shall, not later than sixty days after the date of the office's request, submit the requested information to the office. If an applicant fails to submit the requested information to the office within the sixty-day period, the office shall consider the application to have been withdrawn.

(d) Upon determining that an application is complete, the office shall provide notice of this determination to the applicant and to the

public in accordance with regulations adopted by the department. In addition, the office shall post such notice on its Internet web site. The date on which the office posts such notice on its Internet web site shall begin the review period. Except as provided in this subsection, (1) the review period for a completed application shall be ninety days from the date on which the office posts such notice on its Internet web site; and (2) the office shall issue a decision on a completed application prior to the expiration of the ninety-day review period. The review period for a completed application that involves a transfer of a group practice, as described in subdivision (3) of subsection (a) of section 19a-638, when the offer was made in response to a request for proposal or similar voluntary offer for sale, shall be sixty days from the date on which the office posts notice on its Internet web site. Upon request or for good cause shown, the office may extend the review period for a period of time not to exceed sixty days. If the review period is extended, the office shall issue a decision on the completed application prior to the expiration of the extended review period. If the office holds a public hearing concerning a completed application in accordance with subsection (e) or (f) of this section, the office shall issue a decision on the completed application not later than sixty days after the date the office closes the public hearing record.

Sec. 43. Subsection (h) of section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(h) The commissioner may issue an emergency medical **[**services**]** service instructor certificate to an applicant who presents (1) evidence satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician in good standing, (2) documentation satisfactory to the commissioner, with reference to national education standards, regarding qualifications as an emergency medical service instructor, (3) a letter of endorsement

signed by two instructors holding current emergency medical service instructor certification, (4) documentation of having completed written and practical examinations as prescribed by the commissioner, and (5) evidence satisfactory to the commissioner that the applicant has no pending disciplinary action or unresolved complaints against him or her.

Sec. 44. Section 20-482 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

Any person or entity who knowingly violates any provision of sections 20-474 to 20-481, inclusive, and subsections (e) and (f) **[**,**]** of section 19a-88 or any regulation adopted thereunder, shall be fined not more than five thousand dollars per violation per day and be subject to disciplinary action pursuant to section 19a-17, as amended by this act.

Sec. 45. Subsection (f) of section 19a-29a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(f) Each registration or **[**certificate of approval**]** certification shall be issued for a period of not less than twenty-four or more than twenty-seven months from any deadline for applications established by the commissioner. Renewal applications shall be made (1) biennially within the twenty-fourth month of the current registration; (2) before any change in ownership is made; and (3) prior to any major expansion or alteration in, or changing of, quarters.

Sec. 46. Subsection (c) of section 17a-58 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(c) The designated employee may request the parent or agent to provide (1) the name of the parent or agent, (2) information on the medical history of the infant and parents, and (3) the infant's name and

date of birth if the infant's birth has been registered in the state vital records system prior to the surrender of the infant. Notwithstanding such a request from the designated employee, the parent or agent is not required to provide such name or information. The designated employee may provide the parent or agent with a numbered identification bracelet to link the parent or agent to the infant. The bracelet shall be used for identification only and shall not be construed to authorize the person who possesses the bracelet to take custody of the infant on demand. The designated employee shall provide the parent or agent with a pamphlet describing the process established under sections 17a-57 to **[**17a-61**]** 17a-60, inclusive, and sections 17a-61, as amended by this act, 53-21 and 53-23.

Sec. 47. Section 17a-61 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

The Department of Children and Families, in consultation with the Attorney General, shall prepare a public information program about the process established under this section and sections 17a-57 to **[**17a-61**]** 17a-60, inclusive, 53-21 and 53-23. Such program shall include distribution to mothers and agents of a pamphlet that has the following information: (1) An explanation of the process established by this section and sections 17a-57 to **[**17a-61**]** 17a-60, inclusive; (2) the legal ramifications and protections for the mother or agent; (3) what will happen to the infant; (4) how to contact the Department of Children and Families with questions and the procedures for reunification; (5) the timelines involved in termination of parental rights and adoption; and (6) any other relevant information.

Sec. 48. Subsection (b) of section 17a-111b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(b) The Commissioner of Children and Families or any other party

may, at any time, file a motion with the court for a determination that reasonable efforts to reunify the parent with the child are not required. The court shall hold an evidentiary hearing on the motion not later than thirty days after the filing of the motion or may consolidate the hearing with a trial on a petition to terminate parental rights pursuant to section 17a-112. The court may determine that such efforts are not required if the court finds upon clear and convincing evidence that: (1) The parent has subjected the child to the following aggravated circumstances: (A) The child has been abandoned, as defined in subsection (j) of section 17a-112; or (B) the parent has inflicted or knowingly permitted another person to inflict sexual molestation or exploitation or severe physical abuse on the child or engaged in a pattern of abuse of the child; (2) the parent has killed, through deliberate, nonaccidental act, another child of the parent or a sibling of the child, or has requested, commanded, importuned, attempted, conspired or solicited to commit or knowingly permitted another person to commit the killing of the child, another child of the parent or sibling of the child, or has committed or knowingly permitted another person to commit an assault, through deliberate, nonaccidental act, that resulted in serious bodily injury of the child, another child of the parent or a sibling of the child; (3) the parental rights of the parent to a sibling have been terminated within three years of the filing of a petition pursuant to this section, provided the commissioner has made reasonable efforts to reunify the parent with the child during a period of at least ninety days; (4) the parent was convicted by a court of competent jurisdiction of sexual assault, except a conviction of a violation of section 53a-71 or 53a-73a resulting in the conception of the child; or (5) the child was placed in the care and control of the commissioner pursuant to the provisions of sections 17a-57 to **[**17a-61**]** 17a-60, inclusive, and section 17a-61, as amended by this act.

Sec. 49. Subsection (d) of section 19a-55 of the general statutes, as amended by section 1 of public act 15-10, is repealed and the following

in substituted in lieu thereof (*Effective from passage*):

(d) The administrative officer or other person in charge of each institution caring for newborn infants shall report any case of cytomegalovirus that is confirmed as a result of a screening test administered pursuant to subdivision **[**(3)**]** (2) of subsection (b) of this section to the Department of Public Health in a form and manner prescribed by the Commissioner of Public Health.

Sec. 50. Subsection (v) of section 17a-451 of the general statutes, as amended by public act 15-120, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(v) The commissioner may designate any employee of the department to sign any contract, agreement or settlement on behalf of the Department of Mental Health and Addiction Services.

Sec. 51. Section 19a-904 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) As used in this section:

(1) "Infectious disease" **[**includes (A) infectious pulmonary tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human immunodeficiency virus (HIV), including acquired immunodeficiency syndrome (AIDS), (F) diphtheria, (G) novel influenza A virus infections with pandemic potential, as defined by the National Centers for Disease Control and Prevention, (H) methicillin-resistant staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J) meningococcal disease, (K) plague, and (L) rabies;**]** means any infectious disease on the list developed by the United States Secretary of Health and Human Services pursuant to 42 USC 300ff-131, as amended from time to time, and any infectious disease designated by the Commissioner of Public Health pursuant to subsection (b) of this section;

[(2) "Exposure" means a percutaneous or mucous membrane exposure of an individual to the blood, semen, vaginal secretions, or spinal, synovial, pleural, peritoneal, pericardial or amniotic fluid of another person;**]**

(2) "Airborne infectious disease" means any infectious disease specified as an airborne infectious disease on the list of infectious diseases developed by the United States Secretary of Health and Human Services pursuant to 42 USC 300ff-131, as amended from time to time, and any infectious disease so designated by the Commissioner of Public Health pursuant to subsection (b) of this section;

(3) "Exposed" means to be in circumstances in which there is a recognized risk for transmission of an infectious disease from a human source to an emergency services member, or in the case of an infectious disease designated by the United States Secretary of Health and Human Services as a select agent, from a surface or environment contaminated by the agent to an emergency services member;

[(3)**]** (4) "Patient" means a person, whether alive or dead, who has been attended, treated, assisted, handled or transported for medical care by an emergency services member as a result of an emergency;

[(4)**]** (5) "Emergency services member" means any police officer as defined in section 7-294a, member of a paid or volunteer fire department, emergency medical technician, ambulance driver, or paramedic as defined in section 19a-175, as amended by this act, when acting in an official capacity;

[(5)**]** (6) "Emergency medical technician" means any class of emergency medical technician certified under regulations adopted pursuant to section 19a-179, including, but not limited to, any advanced emergency medical technician or emergency medical responder;

[(6)**]** (7) "Emergency services organization" means the Division of State Police within the Department of Emergency Services and Public Protection, an organized local police department, municipal constabulary, paid or volunteer fire department, ambulance company or any organization whether public, private or voluntary that offers transportation or treatment services to patients under emergency conditions;

[(7)**]** (8) "Hospital" has the same meaning as in section 19a-490, as amended by this act; **[**and**]**

[(8)**]** (9) "Designated officer" means the employee or volunteer of an emergency services organization designated in accordance with subdivision (1) of subsection **[**(b)**]** (c) of this section; **[**.**]** and

(10) "Hospital contact person" means the employee of a hospital designated by such hospital in accordance with subdivision (2) of subsection (c) of this section.

(b) The Commissioner of Public Health may designate a disease as an infectious disease or an airborne infectious disease, as both terms are defined in subsection (a) of this section. The commissioner shall adopt regulations in accordance with chapter 54 to designate a disease as an infectious disease or airborne infectious disease in accordance with the provisions of this subsection. The commissioner may implement such designations while in the process of adopting such designations in regulation form, provided the commissioner publishes notice of intention to adopt the regulations on the Department of Public Health's Internet web site and the eRegulations System within twenty days of implementing such designations. Designations implemented pursuant to this subsection shall be valid until the time such regulations are effective.

[(b)**]** (c) (1) Each emergency services organization shall designate

one employee or volunteer to act as the designated officer to receive notification of cases [of possible exposure] where persons have possibly been exposed to infectious disease, investigate such cases, [of possible exposure,] maintain [hospital] contact information for hospital contact persons, request further information from [hospitals] hospital contact persons and maintain any records required under this section. The designated officer may designate another employee or volunteer to serve as his or her designee in the event that the designated officer is unavailable.

(2) Each hospital shall designate one employee to act as the hospital contact person to notify designated officers of cases where persons have possibly been exposed to airborne infectious disease and to receive and respond to requests from designated officers for information concerning the results of any test performed on a patient to determine the presence of an infectious disease. The hospital contact person may designate another employee of the hospital to serve as his or her designee in the event that the hospital contact person is unavailable.

[(c)] (d) (1) Any hospital that diagnoses a patient as having [infectious pulmonary tuberculosis] an airborne infectious disease shall, through its hospital contact person, verbally notify the designated officer of the emergency services organization that attended, treated, assisted, handled or transported such patient no later than forty-eight hours after making such a diagnosis, and shall make such notification in writing not later than seventy-two hours after such diagnosis. Such notification shall include, but not be limited to, the diagnosis and the date on which the patient was attended, treated, assisted, handled or transported as a result of an emergency to such hospital, provided the identity of the patient shall not be disclosed in any such notification.

(2) Any hospital that determines that a patient, who died at or

before reaching such hospital and who was attended, treated, assisted, handled or transported by an emergency services member, had **[**infectious pulmonary tuberculosis**]** an airborne infectious disease shall, through its hospital contact person, notify the designated officer of such determination no later than forty-eight hours after making such determination.

[(d)**]** (e) (1) Any member of an emergency service organization who believes that he or she may have been exposed to an infectious disease through the member's contact with a patient who was attended, treated, assisted, handled or transported by the member shall report such **[**possible exposure**]** incident during which the member believes to have been exposed to an infectious disease to the designated officer. The designated officer shall immediately collect the facts surrounding such incident **[**of possible exposure**]** and evaluate such facts to make a determination of whether it would be reasonable to believe that the member may have been exposed to an infectious disease. If the designated officer determines that **[**there**]** it is reasonable to believe that the member may have been **[**exposure**]** exposed to an infectious disease, the designated officer shall submit a written request to the hospital contact person at the hospital that received the patient requesting to be notified of the results of any test performed on the patient to determine the presence of an infectious disease. The request shall include:

(A) The name, address and telephone number of the designated officer submitting the request;

(B) The name of the designated officer's employer or, in the case of a volunteer emergency services member, the entity for which the designated officer volunteers, and the name and contact information of the emergency services member who may have been exposed to the infectious disease; and

(C) The date, time, location and manner of the **[**possible exposure**]** incident during which the member may have been exposed.

(2) Such request shall be valid for ten days after it is made. If at the end of such ten-day period no test has been performed to determine the presence of an infectious disease, no diagnosis has been made or the result of the test is negative, the hospital shall, through its hospital contact person, so notify the designated officer who made the request. The notification shall not include the name of the patient.

(3) Any hospital that receives a written request for notification shall, through its hospital contact person, give an oral notification of the presence of an infectious disease or of a confirmed positive test result, if known, to the designated officer no later than forty-eight hours after receiving such request, and shall send a written notification no later than three days after receiving such request. If an infectious disease is present or the test results are confirmed positive, both the oral and written notification shall include the name of the infectious disease and the date on which the patient was attended, treated, assisted, handled or transported by the emergency services organization. Such notification shall not disclose the name of the patient.

(4) If a designated officer makes a request pursuant to this subsection and the patient has died at, or before reaching, the hospital receiving such request, the hospital shall, through its hospital contact person, provide a copy of the request to the medical facility ascertaining the cause of death if such facility is not the hospital that received the original request.

(f) (1) Not later than January 1, 2016, each emergency services organization shall notify the Commissioner of Public Health, or the commissioner's designee, of its designated officer and the designated officer's contact information.

(2) Not later than January 1, 2016, each hospital shall notify said commissioner, or said commissioner's designee, of its hospital contact person and the hospital contact person's contact information.

(3) Each emergency services organization and hospital shall promptly notify said commissioner of any change of the designated officer or hospital contact person or such person's contact information.

(g) The Commissioner of Public Health, or the commissioner's designee, shall assist designated officers and hospital contact persons in answering questions with respect to responsibilities of a designated officer or hospital contact person under the provisions of this section. Said commissioner shall, on and after January 1, 2016, maintain and update, as necessary, a list of designated officers and hospital contact persons along with such designated officers' and hospital contact persons' contact information and make such list available to the public on the Department of Public Health's Internet web site.

[(e)**]** (h) No cause of action for damages shall arise, or any civil penalty be imposed, against any hospital, hospital contact person or **[**any**]** designated officer for failure to comply with the duties established by this section. Notwithstanding the provisions of this subsection, the Commissioner of Public Health may take any action specified in subdivisions (1) to (5), inclusive, of subsection (a) of section 19a-17 and section 19a-494 for a violation of the provisions of this section as the commissioner deems appropriate.

Sec. 52. Section 17a-52 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) There is established a Youth Suicide Advisory Board, within the Department of Children and Families, which shall be a coordinating source for youth suicide prevention. The board shall consist of twenty members, which shall include one psychiatrist licensed to practice

medicine in this state, one psychologist licensed in this state, one representative of a local or regional board of education, one high school teacher, one high school student, one college or university faculty member, one college or university student and one parent, all appointed by the Commissioner of Children and Families, one representative of the Department of Public Health appointed by the Commissioner of Public Health, one representative of the state Department of Education appointed by the Commissioner of Education and one representative of the Board of Regents for Higher Education appointed by the president of the Board of Regents for Higher Education. The balance of the board shall be comprised of persons with expertise in the mental health of children or mental health issues with a focus on suicide prevention and shall be appointed by the Commissioner of Children and Families. Members of the board shall serve for two-year terms, without compensation. Any member who fails to attend three consecutive meetings or fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the board. The Commissioner of Children and Families shall be a nonvoting, ex-officio member of the board. The board shall elect a chairman, and a vice-chairman to act in the chairman's absence.

(b) The board shall: (1) Increase public awareness of the existence of youth suicide and means of prevention; (2) make recommendations to the commissioner for the development of state-wide training in the prevention of youth suicide; (3) develop a strategic youth suicide prevention plan; (4) recommend interagency policies and procedures for the coordination of services for youths and families in the area of suicide prevention; (5) make recommendations for the establishment and implementation of suicide prevention procedures in schools and communities; (6) establish a coordinated system for the utilization of data for the prevention of youth suicide; **[**and**]** (7) make recommendations concerning the integration of suicide prevention and intervention strategies into other youth-focused prevention and

intervention programs; and (8) periodically offer, within available appropriations, youth suicide prevention training for health care providers, school employees and other persons who provide services to children, young adults and families.

Sec. 53. Subsection (f) of section 1 of special act 15-17 is amended to read as follows (*Effective from passage*):

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

Sec. 54. Section 20-206q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

[When a physician conveys an order for a diet or means of nutritional support to a**]** A certified dietitian-nutritionist **[**by verbal means**]** may write an order for a patient diet, including, but not limited to, a therapeutic diet for a patient in an institution, as defined in section 19a-490, as amended by this act. **[**, such order shall be received and immediately committed to writing in the patient's chart by the certified dietitian-nutritionist. Any order so written may be**]** The certified dietitian-nutritionist shall write such order in the patient's medical record. Any order conveyed under this section shall be acted upon by the institution's nurses and physician assistants with the same authority as if the order were received directly from **[**the**]** a physician. Any order conveyed in this manner shall be countersigned by **[**the**]** a physician within **[**twenty-four**]** seventy-two hours unless otherwise provided by state or federal law or regulations. Nothing in this section shall prohibit a physician from conveying a verbal order for a patient diet to a certified dietitian-nutritionist.

Sec. 55. Section 20-87a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) The practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist or advanced practice registered nurse. A registered nurse may also execute orders issued by licensed physician assistants, podiatrists and optometrists, provided such orders do not exceed the nurse's or the ordering practitioner's scope of practice. A registered nurse may execute dietary orders written in a patient's chart by a certified dietician-nutritionist.

(b) (1) Advanced nursing practice is defined as the performance of advanced level nursing practice activities that, by virtue of post-basic specialized education and experience, are appropriate to and may be performed by an advanced practice registered nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section.

(2) An advanced practice registered nurse having been issued a license pursuant to section 20-94a shall, for the first three years after having been issued such license, collaborate with a physician licensed to practice medicine in this state. In all settings, such advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense and administer medical therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of professional samples in accordance with sections 20-14c to 20-14e, inclusive, except such advanced practice registered nurse licensed pursuant to section 20-94a and maintaining current certification from the American Association of Nurse Anesthetists who is prescribing and administrating medical

therapeutics during surgery may only do so if the physician who is medically directing the prescriptive activity is physically present in the institution, clinic or other setting where the surgery is being performed. For purposes of this subdivision, "collaboration" means a mutually agreed upon relationship between such advanced practice registered nurse and a physician who is educated, trained or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of such advanced practice registered nurse, a method to review patient outcomes and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between such advanced practice registered nurse and a physician shall be in writing and shall address the level of schedule II and III controlled substances that such advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures that such advanced practice registered nurse may prescribe, dispense and administer.

(3) An advanced practice registered nurse having (A) been issued a license pursuant to section 20-94a, (B) maintained such license for a period of not less than three years, and (C) engaged in the performance of advanced practice level nursing activities in collaboration with a physician for a period of not less than three years and not less than two thousand hours in accordance with the provisions of subdivision (2) of this subsection, may, thereafter, alone or in collaboration with a physician or another health care provider licensed to practice in this state: (i) Perform the acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section; and (ii) prescribe, dispense and administer medical therapeutics and corrective measures and dispense drugs in the form of professional samples as

described in subdivision (2) of this subsection in all settings. Any advanced practice registered nurse electing to practice not in collaboration with a physician in accordance with the provisions of this subdivision shall maintain documentation of having engaged in the performance of advanced practice level nursing activities in collaboration with a physician for a period of not less than three years and not less than two thousand hours. Such advanced practice registered nurse shall maintain such documentation for a period of not less than three years after completing such requirements and shall submit such documentation to the Department of Public Health for inspection not later than forty-five days after a request made by the department for such documentation. Any such advanced practice registered nurse shall submit written notice to the Commissioner of Public Health of his or her intention to practice without collaboration with a physician after completing the requirements described in this subdivision and prior to beginning such practice.

(4) An advanced practice registered nurse licensed under the provisions of this chapter may make the determination and pronouncement of death of a patient, provided the advanced practice registered nurse attests to such pronouncement on the certificate of death and signs the certificate of death not later than twenty-four hours after the pronouncement.

(c) The practice of nursing by a licensed practical nurse is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician, physician assistant, podiatrist, optometrist or dentist. A licensed practical nurse may also execute dietary orders written in a patient's

chart by a certified dietician-nutritionist.

(d) In the case of a registered or licensed practical nurse employed by a home health care agency, the practice of nursing includes, but is not limited to, executing the medical regimen under the direction of a physician licensed in a state that borders Connecticut.

Sec. 56. Subdivision (5) of section 20-206m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(5) "Dietetics or nutrition practice" means the integration and application of the principles derived from the sciences of nutrition, biochemistry, food, physiology, and behavioral and social sciences to provide nutrition services that include: (A) Nutrition assessment; (B) the establishment of priorities, goals, and objectives that meet nutrition needs; (C) the provision of nutrition counseling in health and disease; (D) the development, implementation and management of nutrition care plans; and (E) the evaluation and maintenance of appropriate standards of quality in food and nutrition. The term "dietetics or nutrition practice" includes the ordering of oral diets and enteral and parenteral nutrition support and the physical administration of oral diets, but does not include the administration of nutrition by any route other than oral administration, **[**and does not include**]** the administration of enteral or parenteral diets or the issuance of orders for laboratory or other diagnostic tests or orders intended to be implemented by any person licensed pursuant to chapter 378.

Sec. 57. Subsection (b) of section 2 of public act 15-76 is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) The Commissioner of **[**Public Health**]** Consumer Protection, after consulting with the Commissioner of **[**Consumer Protection**]** Public Health, shall adopt regulations, in accordance with the provisions of

chapter 54 of the general statutes, to allow the preparation of food in a private residential dwelling for sale for human consumption.

Sec. 58. Subdivision (1) of subsection (b) of section 2 of public act 15-146 is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) (1) On and after July 1, 2016, the exchange shall, within available resources, establish and maintain a consumer health information Internet web site to assist consumers in making informed decisions concerning their health care and informed choices among health care providers. Such Internet web site shall: (A) Contain information comparing the quality, price and cost of health care services, including, to the extent practicable, (i) comparative price and cost information for the primary diagnoses and procedures reported pursuant to subsection (c) of this section categorized by payer and listed by health care provider, (ii) links to the Internet web sites for The Joint Commission and Medicare hospital compare tool where consumers may obtain comparative quality information, (iii) definitions of common health insurance and medical terms so consumers may compare health coverage and understand the terms of their coverage, and (iv) factors consumers should consider when choosing an insurance product or provider group, including provider network, premium, cost-sharing, covered services and tier information; **[**, and (v) patient decision aids;**]** (B) be designed to assist consumers and institutional purchasers in making informed decisions regarding their health care and informed choices among health care providers and allow comparisons between prices paid by various health carriers to health care providers; (C) present information in language and a format that is understandable to the average consumer; and (D) be publicized to the general public. All information **[**received by the exchange pursuant to the provisions of this section shall be posted on the Internet web site**]** outlined in this section shall be posted on an

Internet web site established, or to be established, by the exchange in a manner and timeframe as may be organizationally and financially reasonable in the sole discretion of the exchange.

Sec. 59. Subdivision (7) of subsection (b) of section 25 of public act 15-146 is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(7) Five members appointed by the Governor, one each of whom shall be (A) a representative of a health system that includes more than one hospital, (B) a representative of the health insurance industry, (C) an expert in health information technology, (D) a health care consumer or consumer advocate, and (E) **[**an**]** a current or former employee or trustee of a plan established pursuant to subdivision (5) of subsection (c) of 29 USC 186.

Sec. 60. Subsection (a) of section 20-74t of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) On and after October 1, 2004, each alcohol and drug counselor licensed or certified pursuant to this chapter shall complete a minimum of twenty hours of continuing education each registration period. For purposes of this section, registration period means the twelve-month period for which a license or certificate has been renewed in accordance with section 19a-88 and is current and valid. The continuing education shall be in areas related to the individual's practice and shall include not less than one contact hour of training or education each registration period on the topic of cultural competency and, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (1) determining whether a

patient is a veteran or family member of a veteran, (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (3) suicide prevention training. Qualifying continuing education activities are educational offerings sponsored by a hospital or other licensed health care institutions, courses offered by a regionally accredited institution of higher education or courses offered by individuals or organizations on the list maintained by the Connecticut Certification Board, Inc. as approved providers of such continuing education activities.

Sec. 61. Section 20-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) No licensee under the provisions of this chapter shall use the title "Doctor" or any abbreviation or synonym thereof unless he or she holds the degree of doctor of chiropractic from a chartered chiropractic school or college, in which event the title shall be such as will designate the licensee as a practitioner of chiropractic. Each licensed chiropractor shall exhibit his or her name at the entrance of his or her place of business or on his or her office door. The Department of Public Health shall not initiate a disciplinary action against a licensed chiropractor who, prior to July 1, 2011, is alleged to have been practicing as a chiropractor under any name other than the name of the chiropractor actually owning the practice or a corporate name containing the name of such chiropractor.

(b) All licensed chiropractors applying for license renewal shall be required to participate in continuing education programs. Such programs shall include, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to (1)

define basic requirements for continuing education programs that includes coursework appropriate for chiropractors on the subject of mental health conditions common to veterans and family members of veterans, including (A) determining whether a patient is a veteran or family member of a veteran, (B) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (C) suicide prevention training, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver of the continuing education requirement for good cause. For registration periods beginning on and after October 1, 2012, the Commissioner of Public Health, in consultation with the Board of Chiropractic Examiners, shall, on or before October 1, 2011, and biennially thereafter, issue a list that includes not more than five mandatory topics for continuing education activities that shall be required for the two subsequent registration periods following the date of issuance of such list.

Sec. 62. Subsection (b) of section 20-191c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) Qualifying continuing education activities shall be related to the practice of psychology and shall include courses, seminars, workshops, conferences and postdoctoral institutes offered or approved by: (1) The American Psychological Association; (2) a regionally accredited institution of higher education graduate program; (3) a nationally recognized provider of continuing education seminars; (4) the Department of Mental Health and Addiction Services; or (5) a behavioral science organization that is professionally or scientifically recognized. Not more than five continuing education units during each registration period shall be completed via the Internet, distance learning or home study. On and after January 1, 2016, qualifying continuing education activities shall include not less than two contact

hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (A) determining whether a patient is a veteran or family member of a veteran, (B) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (C) suicide prevention training. Qualifying continuing education activities may include a licensee's research-based presentation at a professional conference, provided not more than five continuing education units during each registration period shall be completed by such activities. A licensee who has earned a diploma from the American Board of Professional Psychology during the registration period may substitute the diploma for continuing education requirements for such registration period. For purposes of this section, "continuing education unit" means fifty to sixty minutes of participation in accredited continuing professional education.

Sec. 63. Subsection (c) of section 20-195c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(c) Licenses issued under this section may be renewed annually in accordance with the provisions of section 19a-88. The fee for such renewal shall be three hundred fifteen dollars. Each licensed marital and family therapist applying for license renewal shall furnish evidence satisfactory to the commissioner of having participated in continuing education programs. The commissioner shall adopt regulations, in accordance with chapter 54, to (1) define basic requirements for continuing education programs, which shall include not less than one contact hour of training or education each registration period on the topic of cultural competency and, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing

education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (A) determining whether a patient is a veteran or family member of a veteran, (B) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (C) suicide prevention training, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver of the continuing education requirement for good cause.

Sec. 64. Subsection (b) of section 20-195cc of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) Licenses issued under this section may be renewed annually pursuant to section 19a-88. The fee for such renewal shall be one hundred ninety dollars. Each licensed professional counselor applying for license renewal shall furnish evidence satisfactory to the commissioner of having participated in continuing education programs. The commissioner shall adopt regulations, in accordance with chapter 54, to (1) define basic requirements for continuing education programs, which shall include not less than one contact hour of training or education each registration period on the topic of cultural competency and, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (A) determining whether a patient is a veteran or family member of a veteran, (B) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (C) suicide prevention training, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for a waiver of the

continuing education requirement for good cause.

Sec. 65. Subsection (b) of section 20-195u of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) Continuing education required pursuant to this section shall be related to the practice of social work and shall include not less than one contact hour of training or education each registration period on the topic of cultural competency and, on and after January 1, 2016, not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (1) determining whether a patient is a veteran or family member of a veteran, (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (3) suicide prevention training. Such continuing education shall consist of courses, workshops and conferences offered or approved by the Association of Social Work Boards, the National Association of Social Workers or a school or department of social work accredited by the Council on Social Work Education. A licensee's ability to engage in on-line and home study continuing education shall be limited to not more than six hours per registration period. Within the registration period, an initial presentation by a licensee of an original paper, essay or formal lecture in social work to a recognized group of fellow professionals may account for five hours of continuing education hours of the aggregate continuing education requirements prescribed in this section.

Sec. 66. Subsection (b) of section 20-10b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) during the first renewal period in which continuing medical education is required and not less than once every six years thereafter, include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, (D) domestic violence, (E) cultural competency, and (F) behavioral health, provided further that on and after January 1, 2016, such behavioral health continuing medical education may include, but not be limited to, at least two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter, on the topic of mental health conditions common to veterans and family members of veterans, including (i) determining whether a patient is a veteran or family member of a veteran, (ii) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (iii) suicide prevention training. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department. The commissioner, or the commissioner's designee, may grant a waiver for not more than ten contact hours of continuing medical education for a physician who: (i)

Engages in activities related to the physician's service as a member of the Connecticut Medical Examining Board, established pursuant to section 20-8a; (ii) engages in activities related to the physician's service as a member of a medical hearing panel, pursuant to section 20-8a; or (iii) assists the department with its duties to boards and commissions as described in section 19a-14, as amended by this act.

Sec. 67. Section 20-94d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) As used in this section:

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Contact hour" means a minimum of fifty minutes of continuing education and activities;

(3) "Department" means the Department of Public Health;

(4) "Licensee" means an advanced practice registered nurse licensed pursuant to section 20-94a; and

(5) "Registration period" means the one-year period for which a license has been renewed in accordance with section 19a-88 and is current and valid.

(b) Except as provided in this section, for registration periods beginning on and after October 1, 2014, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall: (1) Be in an area of the advanced practice registered nurse's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; (3) include at least five contact hours of training or education in pharmacotherapeutics; **[**and**]** (4) include at least one contact hour of

training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, (D) domestic violence, (E) cultural competency, and (F) substance abuse; and (5) on and after January 1, 2016, include not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (A) determining whether a patient is a veteran or family member of a veteran, (B) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (C) suicide prevention training. For purposes of this section, qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Nurses Association, Connecticut Hospital Association, Connecticut Nurses Association, Connecticut League for Nursing, a specialty nursing society or an equivalent organization in another jurisdiction, an educational offering sponsored by a hospital or other health care institution or a course offered by a regionally accredited academic institution or a state or local health department. The commissioner may grant a waiver of not more than ten contact hours of continuing education for an advanced practice registered nurse who: (i) Engages in activities related to the advanced practice registered nurse's service as a member of the Connecticut State Board of Examiners for Nursing, established pursuant to section 20-88; or (ii) assists the department with its duties to boards and commissions as described in section 19a-14, as amended by this act.

(c) Each licensee applying for license renewal pursuant to section 19a-88 shall sign a statement attesting that he or she has satisfied the continuing education requirements of subsection (b) of this section on a form prescribed by the department. Each licensee shall retain records

of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of subsection (b) of this section for a minimum of three years following the year in which the continuing education activities were completed and shall submit such records or certificates to the department for inspection not later than forty-five days after a request by the department for such records or certificates.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 is exempt from the continuing education requirements of this section.

(e) (1) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subdivision shall contain a statement that the licensee may not engage in professional practice until the licensee has met the requirements of this section.

(2) Any licensee who is exempt from the provisions of subsection (b) of this section for less than two years shall complete twenty-five contact hours of continuing education that meets the criteria set forth in subsection (b) of this section within the twelve-month period immediately preceding the licensee's return to active professional practice.

(f) In individual cases involving medical disability or illness, the commissioner, or the commissioner's designee, may grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to

any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician, physician assistant or advanced practice registered nurse of the disability or illness and such other documentation as may be required by the commissioner. The commissioner or his or her designee may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner or his or her designee may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(g) Any licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license pursuant to section 19a-14, as amended by this act, shall submit evidence documenting successful completion of twenty-five contact hours of continuing education within the one-year period immediately preceding application for reinstatement.

Sec. 68. Subsection (a) of section 10-204a of the general statutes, as amended by section 1 of public act 15-174, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Each local or regional board of education, or similar body governing a nonpublic school or schools, shall require each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule for active immunization adopted pursuant to section 19a-7f before being permitted to enroll in any program operated by a public or nonpublic school under its jurisdiction. Before being permitted to enter seventh grade, a child shall receive a second immunization against measles. Any such child who (1) presents a certificate from a physician,

physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Public Health; or (2) presents a certificate from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or (3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family support magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of the peace, **[**or**]** (F) an attorney admitted to the bar of this state, or (G) notwithstanding any provision of chapter 6, a school nurse; or (4) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or (5) in the case of hemophilus influenzae type B has passed his fifth birthday; or (6) in the case of pertussis, has passed his sixth birthday, shall be exempt from the appropriate provisions of this section. If the parents or guardians of any child are unable to pay for such immunizations, the expense of such immunizations shall, on the recommendations of such board of education, be paid by the town. **[**In order to remain enrolled in a program operated by a public or nonpublic school**]** Before being permitted to enter seventh grade, the parents or guardian of any child who is exempt on religious grounds from the immunization requirements of this section, pursuant to subdivision (3) of this subsection, shall **[**annually**]** present to such school a statement that such immunization requirements are contrary

to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family support magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of the peace, **[**or**]** (F) an attorney admitted to the bar of this state, or (G) notwithstanding any provision of chapter 6, a school nurse.

Sec. 69. (NEW) (*Effective October 1, 2015*) Not later than January 1, 2016, the Department of Housing, in collaboration with the Department of Mental Health and Addiction Services and the State Department of Education, shall make available information on trauma-informed care and related services for homeless children and youths to homeless shelter providers in the state that receive financial assistance from the Department of Housing. Such homeless shelter providers shall, to the extent feasible, (1) refer homeless children or youth to such services as necessary, and (2) make efforts to ensure that such homeless children or youths have access to such services.

Sec. 70. Subsection (a) of section 19a-649 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) The office shall review annually the level of uncompensated care provided by each hospital to the indigent. Each hospital shall file annually with the office its policies regarding the provision of charity care and reduced cost services to the indigent, excluding medical assistance recipients, and its debt collection practices. A hospital shall file its audited financial statements not later than February twenty-eighth of each year, except a health system, as defined in section 19a-508c, may file one such statement that includes the audited financial statements for each hospital within the health system. Not later than March thirty-first of each year, the hospital shall file a verification of the hospital's net revenue for the most recently completed fiscal year in

a format prescribed by the office.

Sec. 71. Section 4 of public act 15-174 is repealed. (*Effective July 1, 2015*)

Approved June 30, 2015