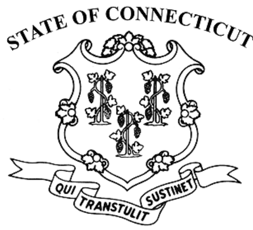

General Assembly

Amendment

January Session, 2021

LCO No. **9002**

Offered by:
SEN. DAUGHERTY ABRAMS, 13th Dist.
REP. STEINBERG, 136th Dist.

To: Senate Bill No. **1070** File No. 536 Cal. No. 317

"AN ACT ALLOWING ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS TO ISSUE HOME HEALTH ORDERS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 20-12c of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2021*):

5 (a) Each physician assistant practicing in this state or participating in
6 a resident physician assistant program shall have a clearly identified
7 supervising physician who maintains the final responsibility for the care
8 of patients and the performance of the physician assistant.

9 (b) A physician may function as a supervising physician for as many
10 physician assistants as is medically appropriate under the
11 circumstances, provided the supervision is active and direct.

12 (c) Nothing in this chapter shall be construed to prohibit the

13 employment of a physician [assistants] assistant in a hospital or other
14 health care facility where such physician [assistants function] assistant
15 functions under the direction of a supervising physician.

16 (d) Nothing in this chapter shall be construed to prohibit a licensed
17 physician assistant who is (1) part of the Connecticut Disaster Medical
18 Assistance Team or the Medical Reserve Corps, under the auspices of
19 the Department of Public Health, or the Connecticut Urban Search and
20 Rescue Team, under the auspices of the Department of Emergency
21 Services and Public Protection, and is engaged in officially authorized
22 civil preparedness duty or civil preparedness training conducted by
23 such team or corps, or (2) licensed in another state as a physician
24 assistant or its equivalent and is an active member of the Connecticut
25 Army or Air National Guard, from providing patient services under the
26 supervision, control, responsibility and direction of a licensed
27 physician.

28 Sec. 2. Subdivision (5) of section 3-39j of the general statutes is
29 repealed and the following is substituted in lieu thereof (*Effective October*
30 *1, 2021*):

31 (5) "Disability certification" means, with respect to an individual, a
32 certification to the satisfaction of the Secretary of the Treasury of the
33 United States by the individual or the parent or guardian of the
34 individual that (A) certifies that (i) the individual has a medically
35 determinable physical or mental impairment, that results in marked and
36 severe functional limitations, and that can be expected to result in death
37 or that has lasted or can be expected to last for a continuous period of
38 not less than twelve months, or is blind within the meaning of Section
39 1614(a)(2) of the Social Security Act, and (ii) such impairment or
40 blindness occurred before the date on which the individual attained the
41 age of twenty-six, and (B) includes a copy of the individual's diagnosis
42 relating to the individual's relevant impairment or blindness that is
43 signed by a physician who is licensed pursuant to chapter 370 or, to the
44 extent permitted by federal law, (i) an advanced practice registered
45 nurse who is licensed pursuant to chapter 378, [or] (ii) a physician

46 <u>assistant who is licensed pursuant to chapter 370, or (iii)</u> if the
47 individual's impairment is blindness, an optometrist licensed pursuant
48 to chapter 380.

49 Sec. 3. Subsection (b) of section 3-123aa of the general statutes is
50 repealed and the following is substituted in lieu thereof (*Effective October*
51 *1, 2021*):

52 (b) There is established the Connecticut Homecare Option Program
53 for the Elderly, to allow individuals to plan for the cost of services that
54 will allow them to remain in their homes or in a noninstitutional setting
55 as they age. The Comptroller shall establish the Connecticut Home Care
56 Trust Fund, which shall be comprised of individual savings accounts for
57 those qualified home care expenses not covered by a long-term care
58 insurance policy and for those qualified home care expenses that
59 supplement the coverage provided by a long-term care policy or
60 Medicare. Withdrawals from the fund may be used for qualified home
61 care expenses, upon receipt by the fund of a certification signed by a
62 licensed physician<u>, a licensed physician assistant</u> or a licensed advanced
63 practice registered nurse that the designated beneficiary is in need of
64 services for the instrumental activities of daily living. Upon the death of
65 a designated beneficiary, any available funds in such beneficiary's
66 account shall be an asset of the estate of such beneficiary.

67 Sec. 4. Subdivision (16) of section 10-183b of the general statutes is
68 repealed and the following is substituted in lieu thereof (*Effective October*
69 *1, 2021*):

70 (16) "Formal application of retirement" means the member's
71 application, birth certificate or notarized statement supported by other
72 evidence satisfactory to the board, in lieu thereof, records of service
73 when required by the board to determine a salary rate or years of
74 creditable service, statement of payment plan and, in the case of an
75 application for a disability benefit, a physician's<u>, a physician assistant's</u>
76 or an advanced practice registered nurse's statement of health.

77 Sec. 5. Subsection (a) of section 10a-155 of the general statutes is

78 repealed and the following is substituted in lieu thereof (*Effective October*
79 *1, 2021*):

80 (a) Each institution of higher education shall require each full-time or
81 matriculating student born after December 31, 1956, to provide proof of
82 adequate immunization against measles, rubella and on and after
83 August 1, 2010, to provide proof of adequate immunization against
84 mumps and varicella as recommended by the national Advisory
85 Committee for Immunization Practices before permitting such student
86 to enroll in such institution. Any such student who (1) presents a
87 certificate from a physician, a physician assistant or an advanced
88 practice registered nurse stating that in the opinion of such physician,
89 physician assistant or advanced practice registered nurse such
90 immunization is medically contraindicated, (2) provides a statement
91 that such immunization would be contrary to his religious beliefs, (3)
92 presents a certificate from a physician, a physician assistant, an
93 advanced practice registered nurse or the director of health in the
94 student's present or previous town of residence, stating that the student
95 has had a confirmed case of such disease, (4) is enrolled exclusively in a
96 program for which students do not congregate on campus for classes or
97 to participate in institutional-sponsored events, such as students
98 enrolled in distance learning programs for individualized home study
99 or programs conducted entirely through electronic media in a setting
100 without other students present, or (5) graduated from a public or
101 nonpublic high school in this state in 1999 or later and was not exempt
102 from the measles, rubella and on and after August 1, 2010, the mumps
103 vaccination requirement pursuant to subdivision (2) or (3) of subsection
104 (a) of section 10-204a shall be exempt from the appropriate provisions
105 of this section.

106 Sec. 6. Section 10a-155a of the general statutes is repealed and the
107 following is substituted in lieu thereof (*Effective October 1, 2021*):

108 When a public health official has reason to believe that the continued
109 presence in an institution of higher education of a student who has not
110 been immunized against measles or rubella presents a clear danger to

111 the health of others, the public health official shall notify the chief
112 administrative officer of such institution. Such chief administrative
113 officer shall cause the student to be excluded from the institution, or
114 confined in an infirmary or other medical facility at the institution, until
115 the student presents to such chief administrative officer a certificate
116 from a physician, a physician assistant or an advanced practice
117 registered nurse stating that, in the opinion of such physician, physician
118 assistant or advanced practice registered nurse, the presence in the
119 institution of the student does not present a clear danger to the health of
120 others.

121 Sec. 7. Section 12-94 of the general statutes is repealed and the
122 following is substituted in lieu thereof (*Effective October 1, 2021*):

123 The exemptions granted in sections 12-81 and 12-82 to soldiers,
124 sailors, marines and members of the Coast Guard and Air Force, and
125 their spouses, widows, widowers, fathers and mothers, and to blind or
126 totally disabled persons and their spouses shall first be made in the town
127 in which the person entitled thereto resides, and any person asking such
128 exemption in any other town shall annually make oath before, or
129 forward his or her affidavit to, the assessors of such town, deposing that
130 such exemptions, except the exemption provided in subdivision (55) of
131 section 12-81, if allowed, will not, together with any other exemptions
132 granted under sections 12-81 and 12-82, exceed the amount of
133 exemption thereby allowed to such person. Such affidavit shall be filed
134 with the assessors within the period the assessors have to complete their
135 duties in the town where the exemption is claimed. The assessors of each
136 town shall annually make a certified list of all persons who are found to
137 be entitled to exemption under the provisions of said sections, which list
138 shall be filed in the town clerk's office, and shall be prima facie evidence
139 that the persons whose names appear thereon and who are not required
140 by law to give annual proof are entitled to such exemption as long as
141 they continue to reside in such town; but such assessors may, at any
142 time, require any such person to appear before them for the purpose of
143 furnishing additional evidence, provided, any person who by reason of
144 such person's disability is unable to so appear may furnish such

145 assessors a statement from such person's attending physician, physician
146 assistant or an advanced practice registered nurse certifying that such
147 person is totally disabled and is unable to make a personal appearance
148 and such other evidence of total disability as such assessors may deem
149 appropriate.

150 Sec. 8. Subsection (a) of section 12-129c of the general statutes is
151 repealed and the following is substituted in lieu thereof (*Effective October*
152 *1, 2021*):

153 (a) No claim shall be accepted under section 12-129b unless the
154 taxpayer or authorized agent of such taxpayer files an application with
155 the assessor of the municipality in which the property is located, in
156 affidavit form as provided by the Secretary of the Office of Policy and
157 Management, during the period from February first to and including
158 May fifteenth of any year in which benefits are first claimed, including
159 such information as is necessary to substantiate said claim in accordance
160 with requirements in such application. A taxpayer may make
161 application to the secretary prior to August fifteenth of the claim year
162 for an extension of the application period. The secretary may grant such
163 extension in the case of extenuating circumstance due to illness or
164 incapacitation as evidenced by a certificate signed by a physician, a
165 physician assistant or an advanced practice registered nurse to that
166 extent, or if the secretary determines there is good cause for doing so.
167 The taxpayer shall present to the assessor a copy of such taxpayer's
168 federal income tax return and the federal income tax return of such
169 taxpayer's spouse, if filed separately, for such taxpayer's taxable year
170 ending immediately prior to the submission of the taxpayer's
171 application, or if not required to file a federal income tax return, such
172 other evidence of qualifying income in respect to such taxable year as
173 the assessor may require. Each such application, together with the
174 federal income tax return and any other information submitted in
175 relation thereto, shall be examined by the assessor and if the application
176 is approved by the assessor, it shall be forwarded to the secretary on or
177 before July first of the year in which such application is approved,
178 except that in the case of a taxpayer who received a filing date extension

179 from the secretary, such application shall be forwarded to the secretary
180 not later than ten business days after the date it is filed with the assessor.
181 After a taxpayer's claim for the first year has been filed and approved
182 such taxpayer shall be required to file such an application biennially. In
183 respect to such application required after the filing and approval for the
184 first year the tax assessor in each municipality shall notify each such
185 taxpayer concerning application requirements by regular mail not later
186 than February first of the assessment year in which such taxpayer is
187 required to reapply, enclosing a copy of the required application form.
188 Such taxpayer may submit such application to the assessor by mail,
189 provided it is received by the assessor not later than April fifteenth in
190 the assessment year with respect to which such tax relief is claimed. Not
191 later than April thirtieth of such year the assessor shall notify, by mail
192 evidenced by a certificate of mailing, any such taxpayer for whom such
193 application was not received by said April fifteenth concerning
194 application requirements and such taxpayer shall be required not later
195 than May fifteenth to submit such application personally or for
196 reasonable cause, by a person acting on behalf of such taxpayer as
197 approved by the assessor.

198 Sec. 9. Subsection (f) of section 12-170aa of the general statutes is
199 repealed and the following is substituted in lieu thereof (*Effective October*
200 *1, 2021*):

201 (f) Any homeowner, believing such homeowner is entitled to tax
202 reduction benefits under this section for any assessment year, shall
203 make application as required in subsection (e) of this section, to the
204 assessor of the municipality in which the homeowner resides, for such
205 tax reduction at any time from February first to and including May
206 fifteenth of the year in which tax reduction is claimed. A homeowner
207 may make application to the secretary prior to August fifteenth of the
208 claim year for an extension of the application period. The secretary may
209 grant such extension in the case of extenuating circumstance due to
210 illness or incapacitation as evidenced by a certificate signed by a
211 physician<u>, physician assistant</u> or an advanced practice registered nurse
212 to that extent, or if the secretary determines there is good cause for doing

213 so. Such application for tax reduction benefits shall be submitted on a
214 form prescribed and furnished by the secretary to the assessor. In
215 making application the homeowner shall present to such assessor, in
216 substantiation of such homeowner's application, a copy of such
217 homeowner's federal income tax return, including a copy of the Social
218 Security statement of earnings for such homeowner, and that of such
219 homeowner's spouse, if filed separately, for such homeowner's taxable
220 year ending immediately prior to the submission of such application, or
221 if not required to file a return, such other evidence of qualifying income
222 in respect to such taxable year as may be required by the assessor. When
223 the assessor is satisfied that the applying homeowner is entitled to tax
224 reduction in accordance with this section, such assessor shall issue a
225 certificate of credit, in such form as the secretary may prescribe and
226 supply showing the amount of tax reduction allowed. A duplicate of
227 such certificate shall be delivered to the applicant and the tax collector
228 of the municipality and the assessor shall keep the fourth copy of such
229 certificate and a copy of the application. Any homeowner who, for the
230 purpose of obtaining a tax reduction under this section, wilfully fails to
231 disclose all matters related thereto or with intent to defraud makes false
232 statement shall refund all property tax credits improperly taken and
233 shall be fined not more than five hundred dollars. Applications filed
234 under this section shall not be open for public inspection.

235 Sec. 10. Subsection (a) of section 12-170f of the general statutes is
236 repealed and the following is substituted in lieu thereof (*Effective October*
237 *1, 2021*):

238 (a) Any renter, believing himself or herself to be entitled to a grant
239 under section 12-170d for any calendar year, shall apply for such grant
240 to the assessor of the municipality in which the renter resides or to the
241 duly authorized agent of such assessor or municipality on or after April
242 first and not later than October first of each year with respect to such
243 grant for the calendar year preceding each such year, on a form
244 prescribed and furnished by the Secretary of the Office of Policy and
245 Management to the assessor. A renter may apply to the secretary prior
246 to December fifteenth of the claim year for an extension of the

247 application period. The secretary may grant such extension in the case
248 of extenuating circumstance due to illness or incapacitation as
249 evidenced by a certificate signed by a physician, physician assistant or
250 an advanced practice registered nurse to that extent, or if the secretary
251 determines there is good cause for doing so. A renter making such
252 application shall present to such assessor or agent, in substantiation of
253 the renter's application, a copy of the renter's federal income tax return,
254 and if not required to file a federal income tax return, such other
255 evidence of qualifying income, receipts for money received, or cancelled
256 checks, or copies thereof, and any other evidence the assessor or such
257 agent may require. When the assessor or agent is satisfied that the
258 applying renter is entitled to a grant, such assessor or agent shall issue
259 a certificate of grant in such form as the secretary may prescribe and
260 supply showing the amount of the grant due.

261 Sec. 11. Subsection (a) of section 12-170w of the general statutes is
262 repealed and the following is substituted in lieu thereof (*Effective October*
263 *1, 2021*):

264 (a) No claim shall be accepted under section 12-170v unless the
265 taxpayer or authorized agent of such taxpayer files an application with
266 the assessor of the municipality in which the property is located, in such
267 form and manner as the assessor may prescribe, during the period from
268 February first to and including May fifteenth of any year in which
269 benefits are first claimed, including such information as is necessary to
270 substantiate such claim in accordance with requirements in such
271 application. A taxpayer may make application to the assessor prior to
272 August fifteenth of the claim year for an extension of the application
273 period. The assessor may grant such extension in the case of extenuating
274 circumstance due to illness or incapacitation as evidenced by a
275 certificate signed by a physician, a physician assistant or an advanced
276 practice registered nurse to that extent, or if the assessor determines
277 there is good cause for doing so. The taxpayer shall present to the
278 assessor a copy of such taxpayer's federal income tax return and the
279 federal income tax return of such taxpayer's spouse, if filed separately,
280 for such taxpayer's taxable year ending immediately prior to the

281 submission of the taxpayer's application, or if not required to file a
282 federal income tax return, such other evidence of qualifying income in
283 respect to such taxable year as the assessor may require. Each such
284 application, together with the federal income tax return and any other
285 information submitted in relation thereto, shall be examined by the
286 assessor and a determination shall be made as to whether the
287 application is approved. Upon determination by the assessor that the
288 applying homeowner is entitled to tax relief in accordance with the
289 provisions of section 12-170v and this section, the assessor shall notify
290 the homeowner and the municipal tax collector of the approval of such
291 application. The municipal tax collector shall determine the maximum
292 amount of the tax due with respect to such homeowner's residence and
293 thereafter the property tax with respect to such homeowner's residence
294 shall not exceed such amount. After a taxpayer's claim for the first year
295 has been filed and approved such taxpayer shall file such an application
296 biennially. In respect to such application required after the filing and
297 approval for the first year the assessor in each municipality shall notify
298 each such taxpayer concerning application requirements by regular mail
299 not later than February first of the assessment year in which such
300 taxpayer is required to reapply, enclosing a copy of the required
301 application form. Such taxpayer may submit such application to the
302 assessor by mail, provided it is received by the assessor not later than
303 April fifteenth in the assessment year with respect to which such tax
304 relief is claimed. Not later than April thirtieth of such year the assessor
305 shall notify, by mail evidenced by a certificate of mailing, any such
306 taxpayer for whom such application was not received by said April
307 fifteenth concerning application requirements and such taxpayer shall
308 submit not later than May fifteenth such application personally or for
309 reasonable cause, by a person acting on behalf of such taxpayer as
310 approved by the assessor.

311 Sec. 12. Subsection (b) of section 14-73 of the general statutes is
312 repealed and the following is substituted in lieu thereof (*Effective October*
313 *1, 2021*):

314 (b) Application for an instructor's license shall be in writing and shall

315 contain such information as the commissioner requires. Each applicant
316 for a license shall be fingerprinted and shall furnish evidence
317 satisfactory to the commissioner that such applicant (1) is of good moral
318 character considering such person's state and national criminal history
319 records checks conducted in accordance with section 29-17a, and record,
320 if any, on the state child abuse and neglect registry established pursuant
321 to section 17a-101k. If any applicant for a license or the renewal of a
322 license has a criminal record or is listed on the state child abuse and
323 neglect registry, the commissioner shall make a determination of
324 whether to issue or renew an instructor's license in accordance with the
325 standards and procedures set forth in section 14-44 and the regulations
326 adopted pursuant to said section; (2) has held a license to drive a motor
327 vehicle for the past four consecutive years and has a driving record
328 satisfactory to the commissioner, including no record of a conviction or
329 administrative license suspension for a drug or alcohol-related offense
330 during such four-year period; (3) has had a recent medical examination
331 by a physician, physician assistant or an advanced practice registered
332 nurse licensed to practice within the state and the physician, physician
333 assistant or advanced practice registered nurse certifies that the
334 applicant is physically fit to operate a motor vehicle and instruct in
335 driving; (4) has received a high school diploma or has an equivalent
336 academic education; and (5) has completed an instructor training course
337 of forty-five clock hours given by a school or agency approved by the
338 commissioner, except that any such course given by an institution under
339 the jurisdiction of the board of trustees of the Connecticut State
340 University System shall be approved by the commissioner and the State
341 Board of Education. During the period of licensure, an instructor shall
342 notify the commissioner, within forty-eight hours, of an arrest or
343 conviction for a misdemeanor or felony, or an arrest, conviction or
344 administrative license suspension for a drug or alcohol-related offense.

345 Sec. 13. Subdivision (2) of subsection (c) of section 14-100a of the
346 general statutes is repealed and the following is substituted in lieu
347 thereof (*Effective October 1, 2021*):

348 (2) The provisions of subdivision (1) of this subsection shall not apply

349 to (A) any person whose physical disability or impairment would
350 prevent restraint in such safety belt, provided such person obtains a
351 written statement from a licensed physician, a licensed physician
352 assistant or a licensed advanced practice registered nurse containing
353 reasons for such person's inability to wear such safety belt and including
354 information concerning the nature and extent of such condition. Such
355 person shall carry the statement on his or her person or in the motor
356 vehicle at all times when it is being operated, or (B) an authorized
357 emergency vehicle, other than fire fighting apparatus, responding to an
358 emergency call or a motor vehicle operated by a rural letter carrier of
359 the United States postal service while performing his or her official
360 duties or by a person engaged in the delivery of newspapers.

361 Sec. 14. Subsection (c) of section 14-286 of the general statutes is
362 repealed and the following is substituted in lieu thereof (*Effective October*
363 *1, 2021*):

364 (c) (1) The Commissioner of Motor Vehicles may issue to a person
365 who does not hold a valid operator's license a special permit that
366 authorizes such person to ride a motor-driven cycle if (A) such person
367 presents to the commissioner a certificate by a physician licensed to
368 practice medicine in this state, a physician assistant licensed pursuant
369 to chapter 370 or an advanced practice registered nurse licensed
370 pursuant to chapter 378 that such person is physically disabled, as
371 defined in section 1-1f, other than blind, and that, in the physician's,
372 physician assistant's or advanced practice registered nurse's opinion,
373 such person is capable of riding a motor-driven cycle, and (B) such
374 person demonstrates to the Commissioner of Motor Vehicles that he is
375 able to ride a bicycle on level terrain, and a motor-driven cycle. (2) Such
376 permit may contain limitations that the commissioner deems advisable
377 for the safety of such person and for the public safety, including, but not
378 limited to, the maximum speed of the motor such person may use. No
379 person who holds a valid special permit under this subsection shall
380 operate a motor-driven cycle in violation of any limitations imposed in
381 the permit. Any person to whom a special permit is issued shall carry
382 the permit at all times while operating the motor-driven cycle. Each

383 permit issued under this subsection shall expire one year from the date
384 of issuance.

385 Sec. 15. Subsection (a) of section 14-314c of the general statutes is
386 repealed and the following is substituted in lieu thereof (*Effective October*
387 *1, 2021*):

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

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

398 (b) (1) From November first to May first, inclusive, no electric
399 distribution company, as defined in section 16-1, no electric supplier and
400 no municipal utility furnishing electricity shall terminate, deny or refuse
401 to reinstate residential electric service in hardship cases where the
402 customer lacks the financial resources to pay his or her entire account.
403 From November first to May first, inclusive, no gas company and no
404 municipal utility furnishing gas shall terminate, deny or refuse to
405 reinstate residential gas service in hardship cases where the customer
406 uses such gas for heat and lacks the financial resources to pay his or her
407 entire account, except a gas company that, between May second and
408 October thirty-first, terminated gas service to a residential customer
409 who uses gas for heat and who, during the previous period of
410 November first to May first, had gas service maintained because of
411 hardship status, may refuse to reinstate the gas service from November
412 first to May first, inclusive, only if the customer has failed to pay, since
413 the preceding November first, the lesser of: (A) Twenty per cent of the
414 outstanding principal balance owed the gas company as of the date of

415 termination, (B) one hundred dollars, or (C) the minimum payments
416 due under the customer's amortization agreement. Notwithstanding
417 any other provision of the general statutes to the contrary, no electric
418 distribution or gas company, no electric supplier and no municipal
419 utility furnishing electricity or gas shall terminate, deny or refuse to
420 reinstate residential electric or gas service where the customer lacks the
421 financial resources to pay his or her entire account and for which
422 customer or a member of the customer's household the termination,
423 denial of or failure to reinstate such service would create a life-
424 threatening situation. No electric distribution or gas company, no
425 electric supplier and no municipal utility furnishing electricity or gas
426 shall terminate, deny or refuse to reinstate residential electric or gas
427 service where the customer is a hardship case and lacks the financial
428 resources to pay his or her entire account and a child not more than
429 twenty-four months old resides in the customer's household and such
430 child has been admitted to the hospital and received discharge papers
431 on which the attending physician, physician assistant or an advanced
432 practice registered nurse has indicated such service is a necessity for the
433 health and well-being of such child.

434 Sec. 17. Subsection (b) of section 16-262d of the general statutes is
435 repealed and the following is substituted in lieu thereof (*Effective October*
436 *1, 2021*):

437 (b) No such company, electric supplier or municipal utility shall
438 effect termination of service for nonpayment during such time as any
439 resident of a dwelling to which such service is furnished is seriously ill,
440 if the fact of such serious illness is certified to such company, electric
441 supplier or municipal utility by a registered physician, a physician
442 assistant or an advanced practice registered nurse within such period of
443 time after the mailing of a termination notice pursuant to subsection (a)
444 of this section as the Public Utilities Regulatory Authority may by
445 regulation establish, provided the customer agrees to amortize the
446 unpaid balance of his account over a reasonable period of time and
447 keeps current his account for utility service as charges accrue in each
448 subsequent billing period.

449 Sec. 18. Subsection (a) of section 17a-81 of the general statutes is
450 repealed and the following is substituted in lieu thereof (*Effective October*
451 *1, 2021*):

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

459 Sec. 19. Section 17b-233 of the general statutes is repealed and the
460 following is substituted in lieu thereof (*Effective October 1, 2021*):

461 Newington Children's Hospital may admit any child who is
462 handicapped or afflicted with any pediatric illness upon application of
463 the selectmen of any town, or the guardian or any relative of such child,
464 or any public health agency, physician, physician assistant or advanced
465 practice registered nurse, provided, no person shall be admitted
466 primarily for the treatment of any drug-related condition. Said hospital
467 shall admit such child to said hospital if such child is pronounced by a
468 physician, a physician assistant or an advanced practice registered nurse
469 on the staff of said hospital, after examination, to be suitable for
470 admission, and said hospital shall keep and support such child for such
471 length of time as it deems proper. Said hospital shall not be required to
472 admit any such child unless it can conveniently receive and care for such
473 child at the time application is made and said hospital may return to the
474 town in which such child resides any child so taken who is pronounced
475 by a physician, a physician assistant or an advanced practice registered
476 nurse on the staff of said hospital, after examination, to be unsuitable
477 for retention or who, by reason of improvement in his condition or
478 completion of his treatment or training, ought not to be further retained.
479 The hospital may refuse to admit any child pronounced by a physician,
480 a physician assistant or an advanced practice registered nurse on the
481 staff of said hospital, after examination, to be unsuitable for admission

482 and may refuse to admit any such child when the facilities at the hospital
483 will not, in the judgment of [said] such physician, physician assistant or
484 advanced practice registered nurse, permit the hospital to care for such
485 child adequately and properly.

486 Sec. 20. Section 17b-236 of the general statutes is repealed and the
487 following is substituted in lieu thereof (*Effective October 1, 2021*):

488 When there is found in any town in this state any child of sound mind
489 who is physically disabled or who is afflicted with poliomyelitis or
490 rheumatic fever, or any uncontagious disabling disease, and who is
491 unable to pay and whose relatives who are legally liable for his support
492 are unable to pay the full cost of treating such disease, if such child and
493 one of such relatives reside in this state, the selectmen of such town, or
494 the guardian or any relative of such child, or any public health agency,
495 physician, physician assistant or advanced practice registered nurse in
496 this state, may make application to The Children's Center, located at
497 Hamden, for the admission of such child to said center. Said center shall
498 admit such child if such child is pronounced by a physician, a physician
499 assistant or an advanced practice registered nurse on the staff of said
500 center, after examination, to be fit for admission, and said center shall
501 keep and support such child for such length of time as it deems proper.
502 Said center shall not be required to admit any such child unless it can
503 conveniently receive and care for him at the time such application is
504 made, and said center may return to the town in which such child
505 resides any child so taken who is pronounced by a physician, a
506 physician assistant or an advanced practice registered nurse on the staff
507 of said center, after examination, to be unfit for retention, or who, by
508 reason of improvement in his condition or completion of his treatment
509 or training, ought not to be further retained. The center may refuse to
510 admit any child who is pronounced by a physician, a physician assistant
511 or an advanced practice registered nurse on the staff of said center, after
512 examination, to be unfit for admission, and may refuse to admit any
513 such child when the facilities at the center will not, in the judgment of
514 [said] such physician, physician assistant or advanced practice
515 registered nurse, permit the center to care for such child adequately and

516 properly.

517 Sec. 21. Subsection (f) of section 17b-261p of the general statutes is
518 repealed and the following is substituted in lieu thereof (*Effective October*
519 *1, 2021*):

520 (f) (1) A nursing home, on behalf of an applicant, may request an
521 extension of time to claim undue hardship pursuant to subsections (b)
522 and (e) of this section if (A) the applicant is receiving long-term care
523 services in such nursing home, (B) the applicant has no legal
524 representative, and (C) the nursing home provides certification from a
525 physician, a physician assistant or an advanced practice registered nurse
526 that the applicant is incapable of caring for himself or herself, as defined
527 in section 45a-644, or incapable of managing his or her affairs, as defined
528 in section 45a-644. The commissioner shall grant such request to allow a
529 legal representative to be appointed to act on behalf of the applicant.

530 (2) The commissioner shall accept any claim filed pursuant to
531 subsection (b) of this section by a nursing home and allow the nursing
532 home to represent the applicant with regard to such claim if the
533 applicant or the legal representative of the applicant gives permission
534 to the nursing home to file a claim pursuant to subsection (b) of this
535 section.

536 Sec. 22. Section 17b-278d of the general statutes is repealed and the
537 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

548 Sec. 23. Section 18-94 of the general statutes is repealed and the
549 following is substituted in lieu thereof (*Effective October 1, 2021*):

550 When the medical officer of, or any physician, physician assistant or
551 advanced practice registered nurse employed in, any correctional or
552 charitable institution reports in writing to the warden, superintendent
553 or other officer in charge of such institution that any inmate thereof
554 committed thereto by any court or supported therein in whole or in part
555 at public expense is afflicted with any sexually transmitted disease so
556 that such inmate's discharge from such institution would be dangerous
557 to the public health, such inmate shall, with the approval of such
558 warden, superintendent or other officer in charge, be detained in such
559 institution until such medical officer, physician, physician assistant or
560 advanced practice registered nurse reports in writing to the warden,
561 superintendent or officer in charge of such institution that such inmate
562 may be discharged therefrom without danger to the public health.
563 During detention the person so detained shall be supported in the same
564 manner as before such detention.

565 Sec. 24. Section 19a-2a of the general statutes is repealed and the
566 following is substituted in lieu thereof (*Effective October 1, 2021*):

567 The Commissioner of Public Health shall employ the most efficient
568 and practical means for the prevention and suppression of disease and
569 shall administer all laws under the jurisdiction of the Department of
570 Public Health and the Public Health Code. The commissioner shall have
571 responsibility for the overall operation and administration of the
572 Department of Public Health. The commissioner shall have the power
573 and duty to: (1) Administer, coordinate and direct the operation of the
574 department; (2) adopt and enforce regulations, in accordance with
575 chapter 54, as are necessary to carry out the purposes of the department
576 as established by statute; (3) establish rules for the internal operation
577 and administration of the department; (4) establish and develop
578 programs and administer services to achieve the purposes of the
579 department as established by statute; (5) enter into a contract, including,
580 but not limited to, a contract with another state, for facilities, services

581 and programs to implement the purposes of the department as
582 established by statute; (6) designate a deputy commissioner or other
583 employee of the department to sign any license, certificate or permit
584 issued by said department; (7) conduct a hearing, issue subpoenas,
585 administer oaths, compel testimony and render a final decision in any
586 case when a hearing is required or authorized under the provisions of
587 any statute dealing with the Department of Public Health; (8) with the
588 health authorities of this and other states, secure information and data
589 concerning the prevention and control of epidemics and conditions
590 affecting or endangering the public health, and compile such
591 information and statistics and shall disseminate among health
592 authorities and the people of the state such information as may be of
593 value to them; (9) annually issue a list of reportable diseases, emergency
594 illnesses and health conditions and a list of reportable laboratory
595 findings and amend such lists as the commissioner deems necessary and
596 distribute such lists as well as any necessary forms to each licensed
597 physician, licensed physician assistant, licensed advanced practice
598 registered nurse and clinical laboratory in this state. The commissioner
599 shall prepare printed forms for reports and returns, with such
600 instructions as may be necessary, for the use of directors of health,
601 boards of health and registrars of vital statistics; and (10) specify
602 uniform methods of keeping statistical information by public and
603 private agencies, organizations and individuals, including a client
604 identifier system, and collect and make available relevant statistical
605 information, including the number of persons treated, frequency of
606 admission and readmission, and frequency and duration of treatment.
607 The client identifier system shall be subject to the confidentiality
608 requirements set forth in section 17a-688 and regulations adopted
609 thereunder. The commissioner may designate any person to perform
610 any of the duties listed in subdivision (7) of this section. The
611 commissioner shall have authority over directors of health and may, for
612 cause, remove any such director; but any person claiming to be
613 aggrieved by such removal may appeal to the Superior Court which
614 may affirm or reverse the action of the commissioner as the public
615 interest requires. The commissioner shall assist and advise local

616 directors of health and district directors of health in the performance of
617 their duties, and may require the enforcement of any law, regulation or
618 ordinance relating to public health. In the event the commissioner
619 reasonably suspects impropriety on the part of a local director of health
620 or district director of health, or employee of such director, in the
621 performance of his or her duties, the commissioner shall provide
622 notification and any evidence of such impropriety to the appropriate
623 governing authority of the municipal health authority, established
624 pursuant to section 19a-200, or the district department of health,
625 established pursuant to section 19a-244, for purposes of reviewing and
626 assessing a director's or an employee's compliance with such duties.
627 Such governing authority shall provide a written report of its findings
628 from the review and assessment to the commissioner not later than
629 ninety days after such review and assessment. When requested by local
630 directors of health or district directors of health, the commissioner shall
631 consult with them and investigate and advise concerning any condition
632 affecting public health within their jurisdiction. The commissioner shall
633 investigate nuisances and conditions affecting, or that he or she has
634 reason to suspect may affect, the security of life and health in any
635 locality and, for that purpose, the commissioner, or any person
636 authorized by the commissioner, may enter and examine any ground,
637 vehicle, apartment, building or place, and any person designated by the
638 commissioner shall have the authority conferred by law upon
639 constables. Whenever the commissioner determines that any provision
640 of the general statutes or regulation of the Public Health Code is not
641 being enforced effectively by a local health department or health district,
642 he or she shall forthwith take such measures, including the performance
643 of any act required of the local health department or health district, to
644 ensure enforcement of such statute or regulation and shall inform the
645 local health department or health district of such measures. In
646 September of each year the commissioner shall certify to the Secretary
647 of the Office of Policy and Management the population of each
648 municipality. The commissioner may solicit and accept for use any gift
649 of money or property made by will or otherwise, and any grant of or
650 contract for money, services or property from the federal government,

651 the state, any political subdivision thereof, any other state or any private
652 source, and do all things necessary to cooperate with the federal
653 government or any of its agencies in making an application for any grant
654 or contract. The commissioner may establish state-wide and regional
655 advisory councils. For purposes of this section, "employee of such
656 director" means an employee of, a consultant employed or retained by
657 or an independent contractor retained by a local director of health, a
658 district director of health, a local health department or a health district.

659 Sec. 25. Subsection (a) of section 19a-26 of the general statutes is
660 repealed and the following is substituted in lieu thereof (*Effective October*
661 *1, 2021*):

662 (a) The Department of Public Health may establish, maintain and
663 control state laboratories to perform examinations of supposed morbid
664 tissues, other laboratory tests for the diagnosis and control of
665 preventable diseases, and laboratory work in the field of sanitation,
666 environmental and occupational testing and research studies for the
667 protection and preservation of the public health. Such laboratory
668 services shall be performed upon the application of licensed physicians,
669 other laboratories, licensed dentists, licensed podiatrists, <u>licensed</u>
670 <u>physician assistants,</u> licensed advanced practice registered nurses, local
671 directors of health, public utilities or state departments or institutions,
672 subject to regulations prescribed by the Commissioner of Public Health,
673 and upon payment of any applicable fee as provided in this subsection.
674 For such purposes the department may provide necessary buildings and
675 apparatus, employ, subject to the provisions of chapter 67,
676 administrative and scientific personnel and assistants and do all things
677 necessary for the conduct of such laboratories. The Commissioner of
678 Public Health may establish a schedule of fees, provided the
679 commissioner waives the fees for local directors of health and local law
680 enforcement agencies. If the commissioner establishes a schedule of fees,
681 the commissioner may waive (1) the fees, in full or in part, for others if
682 the commissioner determines that the public health requires a waiver,
683 and (2) fees for chlamydia and gonorrhea testing for nonprofit
684 organizations and institutions of higher education if the organization or

685 institution provides combination chlamydia and gonorrhea test kits.
686 The commissioner shall also establish a fair handling fee which a client
687 of a state laboratory may charge a person or third party payer for
688 arranging for the services of the laboratory. Such client shall not charge
689 an amount in excess of such handling fee.

690 Sec. 26. Section 19a-262 of the general statutes is repealed and the
691 following is substituted in lieu thereof (*Effective October 1, 2021*):

692 Each physician, physician assistant and advanced practice registered
693 nurse shall report in writing the name, age, sex, race, ethnicity,
694 occupation, place where last employed, if known, and address of each
695 person under his or her care known or suspected by such physician,
696 physician assistant or advanced practice registered nurse to have
697 tuberculosis, to the Department of Public Health and the director of
698 health of the town, city or borough in which such person resides,
699 [within] not later than twenty-four hours after the physician, physician
700 assistant or advanced practice registered nurse knows or suspects the
701 presence of such disease, and the officer in charge of any hospital,
702 dispensary, asylum or other similar institution shall report in like
703 manner concerning each patient having tuberculosis who comes under
704 the care or observation of such officer, [within] not later than twenty-
705 four hours thereafter. The Commissioner of Public Health and the
706 director of health of each town, city or borough shall keep a record of all
707 such reports received by them, but such records shall not be open to
708 inspection by any person other than the health authorities of the state
709 and of such town, city or borough, and the identity of the person to
710 whom any such report relates shall not be divulged by such health
711 authorities except as may be necessary to carry into effect the provisions
712 of this section, section 19a-263, and section 19a-264. For purposes of this
713 section and said sections a person may be suspected of having
714 tuberculosis if he or she has (1) an acid fast bacilli identified on a smear
715 of his body fluids or tissue, (2) been prescribed at least two
716 antituberculosis drugs, (3) a preliminary diagnosis which includes
717 ruling out active tuberculosis, or (4) signs or symptoms of active
718 tuberculosis.

719 Sec. 27. Section 19a-264 of the general statutes is repealed and the
720 following is substituted in lieu thereof (*Effective October 1, 2021*):

721 The local director of health shall transmit to any physician, physician
722 assistant or advanced practice registered nurse reporting a case or
723 suspected case of tuberculosis as provided in section 19a-262, a printed
724 statement describing such procedure and precautions as are deemed
725 necessary or advisable to be taken on the premises occupied by a
726 tuberculosis patient, and such precautions shall be communicated to the
727 family of the patient. Any physician licensed pursuant to chapter 370,
728 physician assistant licensed pursuant to chapter 370 or advanced
729 practice registered nurse licensed pursuant to chapter 378, who wilfully
730 makes any false statements in the reports provided for in said section,
731 and any person violating any of the provisions of said section, shall be
732 fined not less than five dollars nor more than fifty dollars or imprisoned
733 not more than six months or be both fined and imprisoned.

734 Sec. 28. Subsection (b) of section 19a-535 of the general statutes is
735 repealed and the following is substituted in lieu thereof (*Effective October*
736 *1, 2021*):

737 (b) A facility shall not transfer or discharge a resident from the facility
738 except to meet the welfare of the resident which cannot be met in the
739 facility, or unless the resident no longer needs the services of the facility
740 due to improved health, the facility is required to transfer the resident
741 pursuant to section 17b-359 or 17b-360, or the health or safety of
742 individuals in the facility is endangered, or in the case of a self-pay
743 resident, for the resident's nonpayment or arrearage of more than fifteen
744 days of the per diem facility room rate, or the facility ceases to operate.
745 In each case the basis for transfer or discharge shall be documented in
746 the resident's medical record by a physician, a physician assistant or an
747 advanced practice registered nurse. In each case where the welfare,
748 health or safety of the resident is concerned the documentation shall be
749 by the resident's physician, physician assistant or **[**the resident's**]**
750 advanced practice registered nurse. A facility that is part of a continuing
751 care facility which guarantees life care for its residents may transfer or

752 discharge (1) a self-pay resident who is a member of the continuing care
753 community and who has intentionally transferred assets in a sum that
754 will render the resident unable to pay the costs of facility care in
755 accordance with the contract between the resident and the facility, or (2)
756 a self-pay resident who is not a member of the continuing care
757 community and who has intentionally transferred assets in a sum that
758 will render the resident unable to pay the costs of a total of forty-two
759 months of facility care from the date of initial admission to the facility.

760 Sec. 29. Subsection (e) of section 19a-535 of the general statutes is
761 repealed and the following is substituted in lieu thereof (*Effective October*
762 *1, 2021*):

763 (e) Except in an emergency or in the case of transfer to a hospital, no
764 resident shall be transferred or discharged from a facility unless a
765 discharge plan has been developed by the personal physician, physician
766 assistant or advanced practice registered nurse of the resident or the
767 medical director in conjunction with the nursing director, social worker
768 or other health care provider. To minimize the disruptive effects of the
769 transfer or discharge on the resident, the person responsible for
770 developing the plan shall consider the feasibility of placement near the
771 resident's relatives, the acceptability of the placement to the resident and
772 the resident's guardian or conservator, if any, or the resident's legally
773 liable relative or other responsible party, if known, and any other
774 relevant factors that affect the resident's adjustment to the move. The
775 plan shall contain a written evaluation of the effects of the transfer or
776 discharge on the resident and a statement of the action taken to
777 minimize such effects. In addition, the plan shall outline the care and
778 kinds of services that the resident shall receive upon transfer or
779 discharge. Not less than thirty days prior to an involuntary transfer or
780 discharge, a copy of the discharge plan shall be provided to the
781 resident's personal physician, physician assistant or advanced practice
782 registered nurse if the discharge plan was prepared by the medical
783 director, to the resident and the resident's guardian or conservator, if
784 any, or legally liable relative or other responsible party, if known.

785 Sec. 30. Subsections (a) and (b) of section 19a-550 of the general
786 statutes are repealed and the following is substituted in lieu thereof
787 (*Effective October 1, 2021*):

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

803 (b) There is established a patients' bill of rights for any person
804 admitted as a patient to any nursing home facility, residential care home
805 or chronic disease hospital. The patients' bill of rights shall be
806 implemented in accordance with the provisions of Sections 1919(b),
807 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security
808 Act. The patients' bill of rights shall provide that each such patient: (1)
809 Is fully informed, as evidenced by the patient's written
810 acknowledgment, prior to or at the time of admission and during the
811 patient's stay, of the rights set forth in this section and of all rules and
812 regulations governing patient conduct and responsibilities; (2) is fully
813 informed, prior to or at the time of admission and during the patient's
814 stay, of services available in such facility or chronic disease hospital, and
815 of related charges including any charges for services not covered under
816 Titles XVIII or XIX of the Social Security Act, or not covered by basic per
817 diem rate; (3) in such facility or hospital is entitled to choose the patient's
818 own physician or advanced practice registered nurse and is fully

819 informed, by a physician or an advanced practice registered nurse, of
820 the patient's medical condition unless medically contraindicated, as
821 documented by the physician, physician assistant or advanced practice
822 registered nurse in the patient's medical record, and is afforded the
823 opportunity to participate in the planning of the patient's medical
824 treatment and to refuse to participate in experimental research; (4) in a
825 residential care home or a chronic disease hospital is transferred from
826 one room to another within such home or chronic disease hospital only
827 for medical reasons, or for the patient's welfare or that of other patients,
828 as documented in the patient's medical record and such record shall
829 include documentation of action taken to minimize any disruptive
830 effects of such transfer, except a patient who is a Medicaid recipient may
831 be transferred from a private room to a nonprivate room, provided no
832 patient may be involuntarily transferred from one room to another
833 within such home or chronic disease hospital if (A) it is medically
834 established that the move will subject the patient to a reasonable
835 likelihood of serious physical injury or harm, or (B) the patient has a
836 prior established medical history of psychiatric problems and there is
837 psychiatric testimony that as a consequence of the proposed move there
838 will be exacerbation of the psychiatric problem that would last over a
839 significant period of time and require psychiatric intervention; and in
840 the case of an involuntary transfer from one room to another within such
841 home or chronic disease hospital, the patient and, if known, the patient's
842 legally liable relative, guardian or conservator or a person designated
843 by the patient in accordance with section 1-56r, is given not less than
844 thirty days' and not more than sixty days' written notice to ensure
845 orderly transfer from one room to another within such home or chronic
846 disease hospital, except where the health, safety or welfare of other
847 patients is endangered or where immediate transfer from one room to
848 another within such home or chronic disease hospital is necessitated by
849 urgent medical need of the patient or where a patient has resided in such
850 home or chronic disease hospital for less than thirty days, in which case
851 notice shall be given as many days before the transfer as practicable; (5)
852 is encouraged and assisted, throughout the patient's period of stay, to
853 exercise the patient's rights as a patient and as a citizen, and to this end,

854 has the right to be fully informed about patients' rights by state or
855 federally funded patient advocacy programs, and may voice grievances
856 and recommend changes in policies and services to nursing home
857 facility, residential care home or chronic disease hospital staff or to
858 outside representatives of the patient's choice, free from restraint,
859 interference, coercion, discrimination or reprisal; (6) shall have prompt
860 efforts made by such nursing home facility, residential care home or
861 chronic disease hospital to resolve grievances the patient may have,
862 including those with respect to the behavior of other patients; (7) may
863 manage the patient's personal financial affairs, and is given a quarterly
864 accounting of financial transactions made on the patient's behalf; (8) is
865 free from mental and physical abuse, corporal punishment, involuntary
866 seclusion and any physical or chemical restraints imposed for purposes
867 of discipline or convenience and not required to treat the patient's
868 medical symptoms. Physical or chemical restraints may be imposed
869 only to ensure the physical safety of the patient or other patients and
870 only upon the written order of a physician or an advanced practice
871 registered nurse that specifies the type of restraint and the duration and
872 circumstances under which the restraints are to be used, except in
873 emergencies until a specific order can be obtained; (9) is assured
874 confidential treatment of the patient's personal and medical records,
875 and may approve or refuse their release to any individual outside the
876 facility, except in case of the patient's transfer to another health care
877 institution or as required by law or third-party payment contract; (10)
878 receives quality care and services with reasonable accommodation of
879 individual needs and preferences, except where the health or safety of
880 the individual would be endangered, and is treated with consideration,
881 respect, and full recognition of the patient's dignity and individuality,
882 including privacy in treatment and in care for the patient's personal
883 needs; (11) is not required to perform services for the nursing home
884 facility, residential care home or chronic disease hospital that are not
885 included for therapeutic purposes in the patient's plan of care; (12) may
886 associate and communicate privately with persons of the patient's
887 choice, including other patients, send and receive the patient's personal
888 mail unopened and make and receive telephone calls privately, unless

889 medically contraindicated, as documented by the patient's physician,
890 physician assistant or advanced practice registered nurse in the patient's
891 medical record, and receives adequate notice before the patient's room
892 or roommate in such facility, home or chronic disease hospital is
893 changed; (13) is entitled to organize and participate in patient groups in
894 such facility, home or chronic disease hospital and to participate in
895 social, religious and community activities that do not interfere with the
896 rights of other patients, unless medically contraindicated, as
897 documented by the patient's physician, physician assistant or advanced
898 practice registered nurse in the patient's medical records; (14) may retain
899 and use the patient's personal clothing and possessions unless to do so
900 would infringe upon rights of other patients or unless medically
901 contraindicated, as documented by the patient's physician, physician
902 assistant or advanced practice registered nurse in the patient's medical
903 record; (15) is assured privacy for visits by the patient's spouse or a
904 person designated by the patient in accordance with section 1-56r and,
905 if the patient is married and both the patient and the patient's spouse
906 are inpatients in the facility, they are permitted to share a room, unless
907 medically contraindicated, as documented by the attending physician,
908 physician assistant or advanced practice registered nurse in the medical
909 record; (16) is fully informed of the availability of and may examine all
910 current state, local and federal inspection reports and plans of
911 correction; (17) may organize, maintain and participate in a patient-run
912 resident council, as a means of fostering communication among
913 residents and between residents and staff, encouraging resident
914 independence and addressing the basic rights of nursing home facility,
915 residential care home and chronic disease hospital patients and
916 residents, free from administrative interference or reprisal; (18) is
917 entitled to the opinion of two physicians concerning the need for
918 surgery, except in an emergency situation, prior to such surgery being
919 performed; (19) is entitled to have the patient's family or a person
920 designated by the patient in accordance with section 1-56r meet in such
921 facility, residential care home or chronic disease hospital with the
922 families of other patients in the facility to the extent such facility,
923 residential care home or chronic disease hospital has existing meeting

924 space available that meets applicable building and fire codes; (20) is
925 entitled to file a complaint with the Department of Social Services and
926 the Department of Public Health regarding patient abuse, neglect or
927 misappropriation of patient property; (21) is entitled to have
928 psychopharmacologic drugs administered only on orders of a physician
929 or an advanced practice registered nurse and only as part of a written
930 plan of care developed in accordance with Section 1919(b)(2) of the
931 Social Security Act and designed to eliminate or modify the symptoms
932 for which the drugs are prescribed and only if, at least annually, an
933 independent external consultant reviews the appropriateness of the
934 drug plan; (22) is entitled to be transferred or discharged from the
935 facility only pursuant to section 19a-535, 19a-535a or 19a-535b, as
936 applicable; (23) is entitled to be treated equally with other patients with
937 regard to transfer, discharge and the provision of all services regardless
938 of the source of payment; (24) shall not be required to waive any rights
939 to benefits under Medicare or Medicaid or to give oral or written
940 assurance that the patient is not eligible for, or will not apply for benefits
941 under Medicare or Medicaid; (25) is entitled to be provided information
942 by the nursing home facility or chronic disease hospital as to how to
943 apply for Medicare or Medicaid benefits and how to receive refunds for
944 previous payments covered by such benefits; (26) is entitled to receive a
945 copy of any Medicare or Medicaid application completed by a nursing
946 home facility, residential care home or chronic disease hospital on behalf
947 of the patient or to designate that a family member, or other
948 representative of the patient, receive a copy of any such application; (27)
949 on or after October 1, 1990, shall not be required to give a third-party
950 guarantee of payment to the facility as a condition of admission to, or
951 continued stay in, such facility; (28) is entitled to have such facility not
952 charge, solicit, accept or receive any gift, money, donation, third-party
953 guarantee or other consideration as a precondition of admission or
954 expediting the admission of the individual to such facility or as a
955 requirement for the individual's continued stay in such facility; and (29)
956 shall not be required to deposit the patient's personal funds in such
957 facility, home or chronic disease hospital.

Sec. 31. Subsections (a) to (c), inclusive, of section 19a-571 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

(a) Subject to the provisions of subsection (c) of this section, any physician licensed under chapter 370, any physician assistant licensed under chapter 370, any advanced practice registered nurse licensed under chapter 378 or any licensed medical facility who or which withholds, removes or causes the removal of a life support system of an incapacitated patient shall not be liable for damages in any civil action or subject to prosecution in any criminal proceeding for such withholding or removal, provided (1) the decision to withhold or remove such life support system is based on the best medical judgment of the attending physician, physician assistant or advanced practice registered nurse in accordance with the usual and customary standards of medical practice; (2) the attending physician, physician assistant or advanced practice registered nurse deems the patient to be in a terminal condition or, in consultation with a physician qualified to make a neurological diagnosis who has examined the patient, deems the patient to be permanently unconscious; and (3) the attending physician, physician assistant or advanced practice registered nurse has considered the patient's wishes concerning the withholding or withdrawal of life support systems. In the determination of the wishes of the patient, the attending physician, physician assistant or advanced practice registered nurse shall consider the wishes as expressed by a document executed in accordance with sections 19a-575 and 19a-575a, if any such document is presented to, or in the possession of, the attending physician, physician assistant or advanced practice registered nurse at the time the decision to withhold or terminate a life support system is made. If the wishes of the patient have not been expressed in a living will the attending physician, physician assistant or advanced practice registered nurse shall determine the wishes of the patient by consulting any statement made by the patient directly to the attending physician, physician assistant or advanced practice registered nurse and, if available, the patient's health care representative, the patient's next of

992 kin, the patient's legal guardian or conservator, if any, any person
993 designated by the patient in accordance with section 1-56r and any other
994 person to whom the patient has communicated his or her wishes, if the
995 attending physician, physician assistant or advanced practice registered
996 nurse has knowledge of such person. All persons acting on behalf of the
997 patient shall act in good faith. If the attending physician, physician
998 assistant or advanced practice registered nurse does not deem the
999 incapacitated patient to be in a terminal condition or permanently
1000 unconscious, beneficial medical treatment including nutrition and
1001 hydration **[**must**]** shall be provided.

1002 (b) A physician qualified to make a neurological diagnosis who is
1003 consulted by the attending physician, physician assistant or advanced
1004 practice registered nurse pursuant to subdivision (2) of subsection (a) of
1005 this section shall not be liable for damages or subject to criminal
1006 prosecution for any determination made in accordance with the usual
1007 and customary standards of medical practice.

1008 (c) In the case of an infant, as defined in 45 CFR 1340.15 (b), the
1009 physician, physician assistant, advanced practice registered nurse or
1010 licensed medical facility shall comply with the provisions of 45 CFR
1011 1340.15 (b)(2) in addition to the provisions of subsection (a) of this
1012 section.

1013 Sec. 32. Section 19a-580 of the general statutes is repealed and the
1014 following is substituted in lieu thereof (*Effective October 1, 2021*):

1015 Within a reasonable time prior to withholding or causing the removal
1016 of any life support system pursuant to sections 19a-570, 19a-571, as
1017 amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, the
1018 attending physician, physician assistant or advanced practice registered
1019 nurse shall make reasonable efforts to notify the individual's health care
1020 representative, next-of-kin, legal guardian, conservator or person
1021 designated in accordance with section 1-56r, if available.

1022 Sec. 33. Subdivision (12) of section 19a-581 of the general statutes is
1023 repealed and the following is substituted in lieu thereof (*Effective October*

1024 *1, 2021*):

1025 (12) "Health care provider" means any physician, physician assistant,
1026 dentist, nurse, provider of services for persons with psychiatric
1027 disabilities or persons with intellectual disability or other person
1028 involved in providing medical, nursing, counseling, or other health
1029 care, substance abuse or mental health service, including such services
1030 associated with, or under contract to, a health maintenance organization
1031 or medical services plan;

1032 Sec. 34. Subdivisions (5) to (7), inclusive, of subsection (d) of section
1033 19a-582 of the general statutes are repealed and the following is
1034 substituted in lieu thereof (*Effective October 1, 2021*):

1035 (5) In cases where a health care provider or other person, including
1036 volunteer emergency medical services, fire and public safety personnel,
1037 in the course of his or her occupational duties has had a significant
1038 exposure, provided the following criteria are met: (A) The worker is able
1039 to document significant exposure during performance of his or her
1040 occupation, (B) the worker completes an incident report within forty-
1041 eight hours of exposure identifying the parties to the exposure,
1042 witnesses, time, place and nature of the event, (C) the worker submits
1043 to a baseline HIV test within seventy-two hours of the exposure and is
1044 negative on that test, (D) the patient's or person's physician, physician
1045 assistant or advanced practice registered nurse or, if the patient or
1046 person does not have a personal physician, physician assistant or
1047 advanced practice registered nurse or if the patient's or person's
1048 physician, physician assistant or advanced practice registered nurse is
1049 unavailable, another physician, physician assistant, advanced practice
1050 registered nurse or health care provider has approached the patient or
1051 person and sought voluntary consent and the patient or person has
1052 refused to consent to testing, except in an exposure where the patient or
1053 person is deceased, (E) an exposure evaluation group determines that
1054 the criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this
1055 subdivision are met and that the worker has a significant exposure to
1056 the blood of a patient or person and the patient or person, or the patient's

1057 or person's legal guardian, refuses to grant informed consent for an HIV
1058 test. If the patient or person is under the care or custody of the health
1059 facility, correctional facility or other institution and a sample of the
1060 patient's blood is available, said blood shall be tested. If no sample of
1061 blood is available, and the patient is under the care or custody of a health
1062 facility, correctional facility or other institution, the patient shall have a
1063 blood sample drawn at the health facility, correctional facility or other
1064 institution and tested. No member of the exposure evaluation group
1065 who determines that a worker has sustained a significant exposure and
1066 authorized the HIV testing of a patient or other person, nor the health
1067 facility, correctional facility or other institution, nor any person in a
1068 health facility or other institution who relies in good faith on the group's
1069 determination and performs that test shall have any liability as a result
1070 of his or her action carried out pursuant to this section, unless such
1071 person acted in bad faith. If the patient or person is not under the care
1072 or custody of a health facility, correctional facility or other institution
1073 and a physician, a physician assistant or an advanced practice registered
1074 nurse not directly involved in the exposure certifies in writing that the
1075 criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this
1076 subdivision are met and that a significant exposure has occurred, the
1077 worker may seek a court order for testing pursuant to subdivision (8) of
1078 this subsection, (F) the worker would be able to take meaningful
1079 immediate action, if results are known that could not otherwise be
1080 taken, as defined in regulations adopted pursuant to section 19a-589, (G)
1081 the fact that an HIV test was given as a result of an accidental exposure
1082 and the results of that test shall not appear in a patient's or person's
1083 medical record unless such test result is relevant to the medical care the
1084 person is receiving at that time in a health facility or correctional facility
1085 or other institution, (H) the counseling described in subsection (c) of this
1086 section shall be provided but the patient or person may choose not to be
1087 informed about the result of the test, and (I) the cost of the HIV test shall
1088 be borne by the employer of the potentially exposed worker;

1089 (6) In facilities operated by the Department of Correction if the facility
1090 physician, physician assistant or advanced practice registered nurse

1091 determines that testing is needed for diagnostic purposes, to determine
1092 the need for treatment or medical care specific to an HIV-related illness,
1093 including prophylactic treatment of HIV infection to prevent further
1094 progression of disease, provided no reasonable alternative exists that
1095 will achieve the same goal;

1096 (7) In facilities operated by the Department of Correction if the facility
1097 physician, physician assistant or advanced practice registered nurse and
1098 chief administrator of the facility determine that the behavior of the
1099 inmate poses a significant risk of transmission to another inmate or has
1100 resulted in a significant exposure of another inmate of the facility and
1101 no reasonable alternative exists that will achieve the same goal. No
1102 involuntary testing shall take place pursuant to this subdivision and
1103 subdivision (6) of this subsection until reasonable effort has been made
1104 to secure informed consent. When testing without consent takes place
1105 pursuant to this subdivision and subdivision (6) of this subsection, the
1106 counseling referrals and notification of test results described in
1107 subsection (c) of this section shall, nonetheless, be provide;

1108 Sec. 35. Subsection (a) of section 19a-592 of the general statutes is
1109 repealed and the following is substituted in lieu thereof (*Effective October*
1110 *1, 2021*):

1111 (a) Any licensed physician, physician assistant or advanced practice
1112 registered nurse may examine and provide prophylaxis or treatment for
1113 human immunodeficiency virus infection, or acquired immune
1114 deficiency syndrome for a minor, only with the consent of the parents
1115 or guardian of the minor unless the physician, physician assistant or
1116 advanced practice registered nurse determines that notification of the
1117 parents or guardian of the minor will result in prophylaxis or treatment
1118 being denied or the physician, physician assistant or advanced practice
1119 registered nurse determines the minor will not seek, pursue or continue
1120 prophylaxis or treatment if the parents or guardian are notified and the
1121 minor requests that his or her parents or guardian not be notified. The
1122 physician, physician assistant or advanced practice registered nurse
1123 shall fully document the reasons for the determination to provide

1124 prophylaxis or treatment without the consent or notification of the
1125 parents or guardian of the minor and shall include such documentation,
1126 signed by the minor, in the minor's clinical record. The fact of
1127 consultation, examination and prophylaxis or treatment of a minor
1128 under the provisions of this section shall be confidential and shall not
1129 be divulged without the minor's consent, including the sending of a bill
1130 for the services to any person other than the minor until the physician,
1131 physician assistant or advanced practice registered nurse consults with
1132 the minor regarding the sending of a bill, except (1) for purposes of any
1133 report made pursuant to section 19a-215, or (2) if the minor is twelve
1134 years of age or younger, the physician, physician assistant or advanced
1135 practice registered nurse shall report the name, age and address of the
1136 minor to the Commissioner of Children and Families, or the
1137 commissioner's designee, who shall classify and evaluate such report
1138 pursuant to the provisions of section 17a-101g. As used in this
1139 subsection, "prophylaxis" means the use of medication, but does not
1140 include the administration of any vaccine, to prevent disease.

1141 Sec. 36. Section 20-14m of the general statutes is repealed and the
1142 following is substituted in lieu thereof (*Effective October 1, 2021*):

1143 (a) As used in this section, (1) "long-term antibiotic therapy" means
1144 the administration of oral, intramuscular or intravenous antibiotics,
1145 singly or in combination, for periods of time in excess of four weeks; and
1146 (2) "Lyme disease" means the clinical diagnosis by a physician, licensed
1147 in accordance with chapter 370, a physician assistant, licensed in
1148 accordance with chapter 370, or an advanced practice registered nurse,
1149 licensed in accordance with chapter 378, of the presence in a patient of
1150 signs or symptoms compatible with acute infection with borrelia
1151 burgdorferi; or with late stage or persistent or chronic infection with
1152 borrelia burgdorferi, or with complications related to such an infection;
1153 or such other strains of borrelia that, on and after July 1, 2009, are
1154 recognized by the National Centers for Disease Control and Prevention
1155 as a cause of Lyme disease. Lyme disease includes an infection that
1156 meets the surveillance criteria set forth by the National Centers for
1157 Disease Control and Prevention, and other acute and chronic

1158 manifestations of such an infection as determined by a physician,
1159 licensed in accordance with [the provisions of] chapter 370, a physician
1160 assistant, licensed in accordance with chapter 370, or an advanced
1161 practice registered nurse, licensed in accordance with chapter 378,
1162 pursuant to a clinical diagnosis that is based on knowledge obtained
1163 through medical history and physical examination alone, or in
1164 conjunction with testing that provides supportive data for such clinical
1165 diagnosis.

1166 (b) On and after July 1, 2009, a licensed physician, a licensed
1167 physician assistant or a licensed advanced practice registered nurse may
1168 prescribe, administer or dispense long-term antibiotic therapy to a
1169 patient for a therapeutic purpose that eliminates such infection or
1170 controls a patient's symptoms upon making a clinical diagnosis that
1171 such patient has Lyme disease or displays symptoms consistent with a
1172 clinical diagnosis of Lyme disease, provided such clinical diagnosis and
1173 treatment are documented in the patient's medical record by such
1174 licensed physician, licensed physician assistant or licensed advanced
1175 practice registered nurse. Notwithstanding the provisions of sections
1176 20-8a and 20-13e, on and after said date, the Department of Public
1177 Health shall not initiate a disciplinary action against a licensed
1178 physician, a licensed physician assistant or a licensed advanced practice
1179 registered nurse and such physician, physician assistant or advanced
1180 practice registered nurse shall not be subject to disciplinary action by
1181 the Connecticut Medical Examining Board or the Connecticut State
1182 Board of Examiners for Nursing solely for prescribing, administering or
1183 dispensing long-term antibiotic therapy to a patient clinically diagnosed
1184 with Lyme disease, provided such clinical diagnosis and treatment has
1185 been documented in the patient's medical record by such licensed
1186 physician, licensed physician assistant or licensed advanced practice
1187 registered nurse.

1188 (c) Nothing in this section shall prevent the Connecticut Medical
1189 Examining Board or the Connecticut State Board of Examiners for
1190 Nursing from taking disciplinary action for other reasons against a
1191 licensed physician, a licensed physician assistant or a licensed advanced

1192 practice registered nurse, pursuant to section 19a-17, or from entering
1193 into a consent order with such physician, physician assistant or
1194 advanced practice registered nurse pursuant to subsection (c) of section
1195 4-177. Subject to the limitation set forth in subsection (b) of this section,
1196 for purposes of this section, the Connecticut Medical Examining Board
1197 may take disciplinary action against a licensed physician if there is any
1198 violation of the provisions of section 20-13c or a physician assistant if
1199 there is any violation of the provisions of section 20-12f and the
1200 Connecticut Board of Examiners for Nursing may take disciplinary
1201 action against a licensed advanced practice registered nurse in
1202 accordance with the provisions of section 20-99.

1203 Sec. 37. Subsection (e) of section 20-41a of the general statutes is
1204 repealed and the following is substituted in lieu thereof (*Effective October*
1205 *1, 2021*):

1206 (e) In individual cases involving medical disability or illness, the
1207 commissioner may, in the commissioner's discretion, grant a waiver of
1208 the continuing education requirements or an extension of time within
1209 which to fulfill the continuing education requirements of this section to
1210 any licensee, provided the licensee submits to the department an
1211 application for waiver or extension of time on a form prescribed by the
1212 department, along with a certification by a licensed physician, a licensed
1213 physician assistant or a licensed advanced practice registered nurse of
1214 the disability or illness and such other documentation as may be
1215 required by the commissioner. The commissioner may grant a waiver or
1216 extension for a period not to exceed one registration period, except that
1217 the commissioner may grant additional waivers or extensions if the
1218 medical disability or illness upon which a waiver or extension is granted
1219 continues beyond the period of the waiver or extension and the licensee
1220 applies for an additional waiver or extension.

1221 Sec. 38. Subsection (c) of section 20-73b of the general statutes is
1222 repealed and the following is substituted in lieu thereof (*Effective October*
1223 *1, 2021*):

1224 (c) The continuing education requirements shall be waived for
1225 licensees applying for licensure renewal for the first time. The
1226 department may, for a licensee who has a medical disability or illness,
1227 grant a waiver of the continuing education requirements or may grant
1228 the licensee an extension of time in which to fulfill the requirements,
1229 provided the licensee submits to the Department of Public Health an
1230 application for waiver or extension of time on a form prescribed by said
1231 department, along with a certification by a licensed physician, a licensed
1232 physician assistant or a licensed advanced practice registered nurse of
1233 the disability or illness and such other documentation as may be
1234 required by said department. The Department of Public Health may
1235 grant a waiver or extension for a period not to exceed one registration
1236 period, except that said department may grant additional waivers or
1237 extensions if the medical disability or illness upon which a waiver or
1238 extension is granted continues beyond the period of the waiver or
1239 extension and the licensee applies to said department for an additional
1240 waiver or extension.

1241 Sec. 39. Subsection (f) of section 20-74ff of the general statutes is
1242 repealed and the following is substituted in lieu thereof (*Effective October*
1243 *1, 2021*):

1244 (f) In individual cases involving medical disability or illness, the
1245 commissioner may, in the commissioner's discretion, grant a waiver of
1246 the continuing education requirements or an extension of time within
1247 which to fulfill the continuing education requirements of this section to
1248 any licensee, provided the licensee submits to the department an
1249 application for waiver or extension of time on a form prescribed by the
1250 department, along with a certification by a licensed physician, a licensed
1251 physician assistant or a licensed advanced practice registered nurse of
1252 the disability or illness and such other documentation as may be
1253 required by the commissioner. The commissioner may grant a waiver or
1254 extension for a period not to exceed one registration period, except that
1255 the commissioner may grant additional waivers or extensions if the
1256 medical disability or illness upon which a waiver or extension is granted
1257 continues beyond the period of the waiver or extension and the licensee

1258 applies for an additional waiver or extension.

1259 Sec. 40. Subsection (f) of section 20-126c of the general statutes is
1260 repealed and the following is substituted in lieu thereof (*Effective October*
1261 *1, 2021*):

1262 (f) In individual cases involving medical disability or illness, the
1263 commissioner may, in the commissioner's discretion, grant a waiver of
1264 the continuing education requirements or an extension of time within
1265 which to fulfill the continuing education requirements of this section to
1266 any licensee, provided the licensee submits to the department an
1267 application for waiver or extension of time on a form prescribed by the
1268 department, along with a certification by a licensed physician, a licensed
1269 physician assistant or a licensed advanced practice registered nurse of
1270 the disability or illness and such other documentation as may be
1271 required by the commissioner. The commissioner may grant a waiver or
1272 extension for a period not to exceed one registration period, except that
1273 the commissioner may grant additional waivers or extensions if the
1274 medical disability or illness upon which a waiver or extension is granted
1275 continues beyond the period of the waiver or extension and the licensee
1276 applies for an additional waiver or extension.

1277 Sec. 41. Subsection (i) of section 20-126*l* of the general statutes is
1278 repealed and the following is substituted in lieu thereof (*Effective October*
1279 *1, 2021*):

1280 (i) In individual cases involving medical disability or illness, the
1281 Commissioner of Public Health may grant a waiver of the continuing
1282 education requirements or an extension of time within which to fulfill
1283 the requirements of this subsection to any licensee, provided the
1284 licensee submits to the Department of Public Health an application for
1285 waiver or extension of time on a form prescribed by the commissioner,
1286 along with a certification by a licensed physician, a licensed physician
1287 assistant or a licensed advanced practice registered nurse of the
1288 disability or illness and such other documentation as may be required
1289 by the commissioner. The commissioner may grant a waiver or

extension for a period not to exceed one registration period, except the commissioner 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.

Sec. 42. Subsection (e) of section 20-132a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

(e) In individual cases involving medical disability or illness, the Commissioner of Public Health may grant a waiver of the continuing education requirements or an extension of time within which to fulfill the 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 commissioner, along with a certification by a licensed physician, a licensed physician assistant or a licensed advanced practice registered nurse of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner 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.

Sec. 43. Subsection (e) of section 20-162r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

(e) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, 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

1322 department, along with a certification by a licensed physician, a licensed
1323 physician assistant or a licensed advanced practice registered nurse of
1324 the disability or illness and such other documentation as may be
1325 required by the commissioner. The commissioner may grant a waiver or
1326 extension for a period not to exceed one registration period, except that
1327 the commissioner may grant additional waivers or extensions if the
1328 medical disability or illness upon which a waiver or extension is granted
1329 continues beyond the period of the waiver or extension and the licensee
1330 applies for an additional waiver or extension.

1331 Sec. 44. Subsection (d) of section 20-191c of the general statutes is
1332 repealed and the following is substituted in lieu thereof (*Effective October*
1333 *1, 2021*):

1334 (d) A licensee applying for license renewal for the first time shall be
1335 exempt from the continuing education requirements under subsection
1336 (a) of this section. In individual cases involving medical disability or
1337 illness, the Commissioner of Public Health may grant a waiver of the
1338 continuing education requirements or an extension of time within
1339 which to fulfill the continuing education requirements of this section to
1340 any licensee, provided the licensee submits to the department an
1341 application for waiver or extension of time on a form prescribed by the
1342 commissioner, along with a certification by a licensed physician, a
1343 licensed physician assistant or a licensed advanced practice registered
1344 nurse of the disability or illness and such other documentation as may
1345 be required by the commissioner. The commissioner may grant a waiver
1346 or extension for a period not to exceed one registration period, except
1347 the commissioner may grant additional waivers or extensions if the
1348 medical disability or illness upon which a waiver or extension is granted
1349 continues beyond the period of the waiver or extension and the licensee
1350 applies for an additional waiver or extension. The commissioner may
1351 grant a waiver of the continuing education requirements to a licensee
1352 who is not engaged in active professional practice, in any form, during
1353 a registration period, provided the licensee submits a notarized
1354 application on a form prescribed by the commissioner prior to the end
1355 of the registration period. A licensee who is granted a waiver under the

1356 provisions of this subsection may not engage in professional practice
1357 until the licensee has met the continuing education requirements of this
1358 section.

1359 Sec. 45. Subsection (f) of section 20-201a of the general statutes is
1360 repealed and the following is substituted in lieu thereof (*Effective October*
1361 *1, 2021*):

1362 (f) In individual cases involving medical disability or illness, the
1363 commissioner may, in the commissioner's discretion, grant a waiver of
1364 the continuing education requirements or an extension of time within
1365 which to fulfill the continuing education requirements of this section to
1366 any licensee, provided the licensee submits to the department an
1367 application for waiver or extension of time on a form prescribed by the
1368 department, along with a certification by a licensed physician, a licensed
1369 physician assistant or a licensed advanced practice registered nurse of
1370 the disability or illness and such other documentation as may be
1371 required by the commissioner. The commissioner may grant a waiver or
1372 extension for a period not to exceed one registration period, except that
1373 the commissioner may grant additional waivers or extensions if the
1374 medical disability or illness upon which a waiver or extension is granted
1375 continues beyond the period of the waiver or extension and the licensee
1376 applies for an additional waiver or extension.

1377 Sec. 46. Subdivision (3) of subsection (e) of section 20-206bb of the
1378 general statutes is repealed and the following is substituted in lieu
1379 thereof (*Effective October 1, 2021*):

1380 (3) In individual cases involving medical disability or illness, the
1381 commissioner may grant a waiver of the continuing education or
1382 certification requirements or an extension of time within which to fulfill
1383 such requirements of this subsection to any licensee, provided the
1384 licensee submits to the department an application for waiver or
1385 extension of time on a form prescribed by the commissioner, along with
1386 a certification by a licensed physician, a licensed physician assistant or
1387 a licensed advanced practice registered nurse of the disability or illness

1388 and such other documentation as may be required by the department.
1389 The commissioner may grant a waiver or extension for a period not to
1390 exceed one registration period, except that the commissioner may grant
1391 additional waivers or extensions if the medical disability or illness upon
1392 which a waiver or extension is granted continues beyond the period of
1393 the waiver or extension and the licensee applies for an additional waiver
1394 or extension.

1395 Sec. 47. Subsection (f) of section 20-395d of the general statutes is
1396 repealed and the following is substituted in lieu thereof (*Effective October*
1397 *1, 2021*):

1398 (f) In individual cases involving medical disability or illness, the
1399 commissioner may, in the commissioner's discretion, grant a waiver of
1400 the continuing education requirements or an extension of time within
1401 which to fulfill the continuing education requirements of this section to
1402 any licensee, provided the licensee submits to the department an
1403 application for waiver or extension of time on a form prescribed by the
1404 department, along with a certification by a licensed physician<u>, a licensed</u>
1405 <u>physician assistant</u> or a licensed advanced practice registered nurse of
1406 the disability or illness and such other documentation as may be
1407 required by the commissioner. The commissioner may grant a waiver or
1408 extension for a period not to exceed one registration period, except that
1409 the commissioner may grant additional waivers or extensions if the
1410 medical disability or illness upon which a waiver or extension is granted
1411 continues beyond the period of the waiver or extension and the licensee
1412 applies for an additional waiver or extension.

1413 Sec. 48. Subdivision (3) of subsection (b) of section 20-402 of the
1414 general statutes is repealed and the following is substituted in lieu
1415 thereof (*Effective October 1, 2021*):

1416 (3) In individual cases involving medical disability or illness, the
1417 commissioner may grant a waiver of the continuing education
1418 requirements or an extension of time within which to fulfill such
1419 requirements of this subsection to any licensee, provided the licensee

1420 submits to the department an application for waiver or extension of time
1421 on a form prescribed by the commissioner, along with a certification by
1422 a licensed physician, a licensed physician assistant or a licensed
1423 advanced practice registered nurse of the disability or illness and such
1424 other documentation as may be required by the department. The
1425 commissioner may grant a waiver or extension for a period not to exceed
1426 one registration period, except that the commissioner may grant
1427 additional waivers or extensions if the medical disability or illness upon
1428 which a waiver or extension is granted continues beyond the period of
1429 the waiver or extension and the licensee applies for an additional waiver
1430 or extension.

1431 Sec. 49. Subsection (f) of section 20-411a of the general statutes is
1432 repealed and the following is substituted in lieu thereof (*Effective October*
1433 *1, 2021*):

1434 (f) In individual cases involving medical disability or illness, the
1435 commissioner may, in the commissioner's discretion, grant a waiver of
1436 the continuing education requirements or an extension of time within
1437 which to fulfill the continuing education requirements of this section to
1438 any licensee, provided the licensee submits to the department, prior to
1439 the expiration of the registration period, an application for waiver on a
1440 form prescribed by the department, along with a certification by a
1441 licensed physician, a licensed physician assistant or a licensed advanced
1442 practice registered nurse of the disability or illness and such other
1443 documentation as may be required by the commissioner. The
1444 commissioner may grant a waiver or extension for a period not to exceed
1445 one registration period, except that the commissioner may grant
1446 additional waivers or extensions if the medical disability or illness upon
1447 which a waiver or extension is granted continues beyond the period of
1448 the waiver or extension and the licensee applies for an additional waiver
1449 or extension.

1450 Sec. 50. Section 21a-217 of the general statutes is repealed and the
1451 following is substituted in lieu thereof (*Effective October 1, 2021*):

1452 Every contract for health club services shall provide that such
1453 contract may be cancelled within three business days after the date of
1454 receipt by the buyer of a copy of the contract, by written notice delivered
1455 by certified or registered United States mail to the seller or the seller's
1456 agent at an address which shall be specified in the contract. After receipt
1457 of such cancellation, the health club may request the return of contract
1458 forms, membership cards and any and all other documents and
1459 evidence of membership previously delivered to the buyer. Cancellation
1460 shall be without liability on the part of the buyer, except for the fair
1461 market value of services actually received and the buyer shall be entitled
1462 to a refund of the entire consideration paid for the contract, if any, less
1463 the fair market value of the services or use of facilities already actually
1464 received. Such right of cancellation shall not be affected by the terms of
1465 the contract and may not be waived or otherwise surrendered. Such
1466 contract for health club services shall also contain a clause providing
1467 that if the person receiving the benefits of such contract relocates further
1468 than twenty-five miles from a health club facility operated by the seller
1469 or a substantially similar health club facility which would accept the
1470 seller's obligation under the contract, or dies during the membership
1471 term following the date of such contract, or if the health club ceases
1472 operation at the location where the buyer entered into the contract, the
1473 buyer or his estate shall be relieved of any further obligation for
1474 payment under the contract not then due and owing. The contract shall
1475 also provide that if the buyer becomes disabled during the membership
1476 term, the buyer shall have the option of (1) being relieved of liability for
1477 payment on that portion of the contract term for which he is disabled,
1478 or (2) extending the duration of the original contract at no cost to the
1479 buyer for a period equal to the duration of the disability. The health club
1480 shall have the right to require and verify reasonable evidence of
1481 relocation, disability or death. In the case of disability, the health club
1482 may require that a certificate signed by a licensed physician, a licensed
1483 physician assistant or a licensed advanced practice registered nurse be
1484 submitted as verification and may also require in such contract that the
1485 buyer submit to a physical examination by a licensed physician, a
1486 licensed physician assistant or a licensed advanced practice registered

1487 nurse agreeable to the buyer and the health club, the cost of which
1488 examination shall be borne by the health club.

1489 Sec. 51. Subdivision (1) of subsection (c) of section 21a-218 of the
1490 general statutes is repealed and the following is substituted in lieu
1491 thereof (*Effective October 1, 2021*):

1492 (c) (1) If the buyer notifies the health club that he has become
1493 disabled, the health club shall notify the buyer in writing within fifteen
1494 days of receipt by the health club of the buyer's notice of disability and
1495 any certificate signed by a licensed physician<u>, physician assistant</u> or a
1496 licensed advanced practice registered nurse which may be required
1497 under subsection (a) of this section that: (A) The health club will not
1498 require the buyer to submit to another physical examination; or (B) the
1499 health club requires the buyer to submit to another physical
1500 examination and that the buyer's obligations under the contract are
1501 suspended pending determination of disability. If the health club fails
1502 to send such written notice to the buyer within fifteen days, the health
1503 club shall be deemed to have accepted the disability.

1504 Sec. 52. Subsection (b) of section 22a-616 of the general statutes is
1505 repealed and the following is substituted in lieu thereof (*Effective October*
1506 *1, 2021*):

1507 (b) Notwithstanding the provisions of section 22a-617, on and after
1508 January 1, 2003, no person shall offer for sale or distribute for
1509 promotional purposes mercury fever thermometers except by
1510 prescription written by a physician<u>, a physician assistant</u> or an advanced
1511 practice registered nurse. A manufacturer of mercury fever
1512 thermometers shall provide the buyer or the recipient with notice of
1513 mercury content, instructions on proper disposal and instructions that
1514 clearly describe how to carefully handle the thermometer to avoid
1515 breakage and on proper cleanup should a breakage occur.

1516 Sec. 53. Section 26-29a of the general statutes is repealed and the
1517 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

Sec. 54. Section 26-29b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

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

Sec. 55. Subsection (b) of section 31-51rr of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2021*):

(b) (1) Any employee of a political subdivision of the state who has worked at least twelve months and one thousand two hundred fifty hours for such employer during the previous twelve-month period, or (2) on or after the effective date of regulations adopted pursuant to subsection (f) of this section, a school paraprofessional in an educational

1550 setting who has been employed for at least twelve months by such
1551 employer and for at least nine hundred fifty hours of service with such
1552 employer during the previous twelve-month period may request leave
1553 in order to serve as an organ or bone marrow donor, provided such
1554 employee may be required, prior to the inception of such leave, to
1555 provide sufficient written certification from the physician of such
1556 employee, a physician assistant or an advanced practice registered
1557 nurse of the proposed organ or bone marrow donation and the probable
1558 duration of the employee's recovery from such donation.

1559 Sec. 56. Subdivision (1) of subsection (c) of section 31-235 of the
1560 general statutes is repealed and the following is substituted in lieu
1561 thereof (*Effective October 1, 2021*):

1562 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this
1563 section, an unemployed individual may limit such individual's
1564 availability for work to part-time employment, provided the individual
1565 (A) provides documentation from a licensed physician, physician
1566 assistant or **[**an**]** advanced practice registered nurse that (i) the
1567 individual has a physical or mental impairment that is chronic or is
1568 expected to be long-term or permanent in nature, and (ii) the individual
1569 is unable to work full-time because of such impairment, and (B)
1570 establishes, to the satisfaction of the administrator, that such limitation
1571 does not effectively remove such individual from the labor force.

1572 Sec. 57. Subsections (a) to (f), inclusive, of section 31-294d of the
1573 general statutes are repealed and the following is substituted in lieu
1574 thereof (*Effective October 1, 2021*):

1575 (a) (1) The employer, as soon as the employer has knowledge of an
1576 injury, shall provide a competent physician, surgeon, physician
1577 assistant or advanced practice registered nurse to attend the injured
1578 employee and, in addition, shall furnish any medical and surgical aid or
1579 hospital and nursing service, including medical rehabilitation services
1580 and prescription drugs, as the physician, surgeon, physician assistant or
1581 advanced practice registered nurse **[**surgeon**]** deems reasonable or

1582 necessary. The employer, any insurer acting on behalf of the employer,
1583 or any other entity acting on behalf of the employer or insurer shall be
1584 responsible for paying the cost of such prescription drugs directly to the
1585 provider. If the employer utilizes an approved providers list, when an
1586 employee reports a work-related injury or condition to the employer the
1587 employer shall provide the employee with such approved providers list
1588 within two business days of such reporting.

1589 (2) If the injured employee is a local or state police officer, state
1590 marshal, judicial marshal, correction officer, emergency medical
1591 technician, paramedic, ambulance driver, firefighter, or active member
1592 of a volunteer fire company or fire department engaged in volunteer
1593 duties, who has been exposed in the line of duty to blood or bodily fluids
1594 that may carry blood-borne disease, the medical and surgical aid or
1595 hospital and nursing service provided by the employer shall include any
1596 relevant diagnostic and prophylactic procedure for and treatment of any
1597 blood-borne disease.

1598 (b) The employee shall select the physician, surgeon, physician
1599 assistant or advanced practice registered nurse from an approved list of
1600 physicians, surgeons, physician assistants and advanced practice
1601 registered nurses prepared by the chairman of the Workers'
1602 Compensation Commission. If the employee is unable to make the
1603 selection, the employer shall do so, subject to ratification by the
1604 employee or his next of kin. If the employer has a full-time staff
1605 physician, physician assistant or advanced practice registered nurse or
1606 if a physician, physician assistant or advanced practice registered nurse
1607 is available on call, the initial treatment required immediately following
1608 the injury may be rendered by that physician, physician assistant or
1609 advanced practice registered nurse, but the employee may thereafter
1610 select his own physician, physician assistant or advanced practice
1611 registered nurse as provided by this chapter for any further treatment
1612 without prior approval of the commissioner.

1613 (c) The commissioner may, without hearing, at the request of the
1614 employer or the injured employee, when good reason exists, or on his

1615 own motion, authorize or direct a change of physician, surgeon, 1616 physician assistant or advanced practice registered nurse or hospital or 1617 nursing service provided pursuant to subsection (a) of this section.

1618 (d) (1) The pecuniary liability of the employer for the medical and 1619 surgical service required by this section shall be limited to the charges 1620 that prevail in the same community or similar communities for similar 1621 treatment of injured persons of a like standard of living when the similar 1622 treatment is paid for by the injured person. Notwithstanding the 1623 provisions of chapter 368z, prior to the date the liability of the employer 1624 is established pursuant to subdivision (2) of this subsection, the liability 1625 of the employer for hospital service shall be determined exclusively by 1626 the provisions of this subdivision and shall remain the amount it 1627 actually costs the hospital to render the service, as determined by the 1628 commissioner, except in the case of state humane institutions, the 1629 liability of the employer shall be the per capita cost as determined by 1630 the Comptroller under the provisions of section 17b-223. All disputes 1631 concerning liability for hospital services in workers' compensation cases 1632 shall be filed not later than one year from the date the initial payment 1633 for services was remitted, regardless of the date such services were 1634 provided, unless any applicable law, rule or regulation establishes a 1635 shorter time frame, and shall be settled by the commissioner in 1636 accordance with this chapter.

1637 (2) Commencing ninety days after the formulas established by the 1638 chairman of the Workers' Compensation Commission have been 1639 published pursuant to subsection (e) of this section, unless the employer 1640 and hospital or ambulatory surgical center have otherwise negotiated to 1641 determine the liability of the employer for hospital or ambulatory 1642 surgical center services required by this section, the liability of the 1643 employer for hospital or ambulatory surgical center services shall be: 1644 (A) If such services are covered by Medicare, limited to the 1645 reimbursements listed in such formulas published pursuant to 1646 subsection (e) of this section, or (B) if such services are not covered by 1647 Medicare, determined by the chairman, in consultation with employers 1648 and their insurance carriers, self-insured employers, hospitals,

1649 ambulatory surgical centers, third-party reimbursement organizations
1650 and other entities as deemed necessary by the Workers' Compensation
1651 Commission.

1652 (e) Not later than January 1, 2015, the chairman of the Workers'
1653 Compensation Commission shall, in consultation with employers and
1654 their insurance carriers, self-insured employers, hospitals, ambulatory
1655 surgical centers, third-party reimbursement organizations and other
1656 entities as deemed necessary by the Workers' Compensation
1657 Commission, establish and publish Medicare-based formulas, when
1658 available, to set the liability of employers for hospital and ambulatory
1659 surgical center services required by this section that are covered by
1660 Medicare. After the initial publication of such formulas, the chairman
1661 shall publish such formulas on each January first thereafter.

1662 (f) If the employer fails to promptly provide a physician, surgeon,
1663 physician assistant or advanced practice registered nurse or any medical
1664 and surgical aid or hospital and nursing service as required by this
1665 section, the injured employee may obtain a physician, surgeon,
1666 physician assistant or advanced practice registered nurse, selected from
1667 the approved list prepared by the chairman, or such medical and
1668 surgical aid or hospital and nursing service at the expense of the
1669 employer.

1670 Sec. 58. Section 31-294i of the general statutes is repealed and the
1671 following is substituted in lieu thereof (*Effective October 1, 2021*):

1672 For the purpose of adjudication of claims for payment of benefits
1673 under the provisions of this chapter to a uniformed member of a paid
1674 municipal fire department or a regular member of a paid municipal
1675 police department or constable who began such employment on or after
1676 July 1, 1996, any condition or impairment of health caused by a cardiac
1677 emergency occurring to such member on or after July 1, 2009, while such
1678 member is in training for or engaged in fire duty at the site of an accident
1679 or fire, or other public safety operation within the scope of such
1680 member's employment for such member's municipal employer that

1681 results in death or temporary or permanent total or partial disability,
1682 shall be presumed to have been suffered in the line of duty and within
1683 the scope of such member's employment, unless the contrary is shown
1684 by a preponderance of the evidence, provided such member
1685 successfully passed a physical examination on entry into service
1686 conducted by a licensed physician, physician assistant or advanced
1687 practice registered nurse designated by such department which
1688 examination failed to reveal any evidence of such condition. For the
1689 purposes of this section, "cardiac emergency" means cardiac arrest or
1690 myocardial infarction, and "constable" means any municipal law
1691 enforcement officer who is authorized to make arrests and has
1692 completed Police Officer Standards and Training Council certification
1693 pursuant to section 7-294a.

1694 Sec. 59. Subsection (c) of section 31-296 of the general statutes is
1695 repealed and the following is substituted in lieu thereof (*Effective October*
1696 *1, 2021*):

1697 (c) The employer's or insurer's notice of intention to discontinue or
1698 reduce payments shall (1) identify the claimant, the claimant's attorney
1699 or other representative, the employer, the insurer, and the injury,
1700 including the date of the injury, the city or town in which the injury
1701 occurred and the nature of the injury, (2) include medical
1702 documentation that (A) establishes the basis for the discontinuance or
1703 reduction of payments, and (B) identifies the claimant's attending
1704 physician, physician assistant or advanced practice registered nurse,
1705 and (3) be in substantially the following form:

1706 IMPORTANT

1707 STATE OF CONNECTICUT WORKERS' COMPENSATION
1708 COMMISSION

1709 YOU ARE HEREBY NOTIFIED THAT THE EMPLOYER OR
1710 INSURER INTENDS TO REDUCE OR DISCONTINUE YOUR
1711 COMPENSATION PAYMENTS ON .... (date) FOR THE FOLLOWING
1712 REASONS:

1713 If you object to the reduction or discontinuance of benefits as stated
1714 in this notice, YOU MUST REQUEST A HEARING NOT LATER THAN
1715 15 DAYS after your receipt of this notice, or this notice will
1716 automatically be approved.

1717 To request an Informal Hearing, call the Workers' Compensation
1718 Commission District Office in which your case is pending.

1719 Be prepared to provide medical and other documentation to support
1720 your objection. For your protection, note the date when you received
1721 this notice.

1722 Sec. 60. Subsection (a) of section 31-308 of the general statutes is
1723 repealed and the following is substituted in lieu thereof (*Effective October*
1724 *1, 2021*):

1725 (a) If any injury for which compensation is provided under the
1726 provisions of this chapter results in partial incapacity, the injured
1727 employee shall be paid a weekly compensation equal to seventy-five per
1728 cent of the difference between the wages currently earned by an
1729 employee in a position comparable to the position held by the injured
1730 employee before his injury, after such wages have been reduced by any
1731 deduction for federal or state taxes, or both, and for the federal
1732 Insurance Contributions Act in accordance with section 31-310, and the
1733 amount he is able to earn after the injury, after such amount has been
1734 reduced by any deduction for federal or state taxes, or both, and for the
1735 federal Insurance Contributions Act in accordance with section 31-310,
1736 except that when (1) the physician<u>, physician assistant</u> or **[**the**]** advanced
1737 practice registered nurse attending an injured employee certifies that
1738 the employee is unable to perform his usual work but is able to perform
1739 other work, (2) the employee is ready and willing to perform other work
1740 in the same locality and (3) no other work is available, the employee
1741 shall be paid his full weekly compensation subject to the provisions of
1742 this section. Compensation paid under this subsection shall not be more
1743 than one hundred per cent, raised to the next even dollar, of the average
1744 weekly earnings of production and related workers in manufacturing in

1745 the state, as determined in accordance with the provisions of section 31-
1746 309, and shall continue during the period of partial incapacity, but no
1747 longer than five hundred twenty weeks. If the employer procures
1748 employment for an injured employee that is suitable to his capacity, the
1749 wages offered in such employment shall be taken as the earning
1750 capacity of the injured employee during the period of the employment.

1751 Sec. 61. Subdivision (1) of subsection (a) of section 38a-457 of the
1752 general statutes is repealed and the following is substituted in lieu
1753 thereof (*Effective October 1, 2021*):

1754 (1) "Accelerated benefits" means benefits payable under a life
1755 insurance policy sold in this state: (A) During the lifetime of the insured,
1756 in a lump sum or in periodic payments, as specified in the policy, (B)
1757 upon the occurrence of a qualifying event, as defined in the policy, and
1758 certified by a physician, a physician assistant or an advanced practice
1759 registered nurse who is licensed under the laws of a state or territory of
1760 the United States, or such other foreign or domestic jurisdiction as the
1761 Insurance Commissioner may approve, and (C) which reduce the death
1762 benefits otherwise payable under the life insurance policy.

1763 Sec. 62. Section 38a-465g of the general statutes is repealed and the
1764 following is substituted in lieu thereof (*Effective October 1, 2021*):

1765 (a) Before entering into a life settlement contract with any owner of a
1766 policy wherein the insured is terminally ill or chronically ill, a provider
1767 shall obtain:

1768 (1) If the owner is the insured, a written statement from a licensed
1769 attending physician, physician assistant or **[**an**]** advanced practice
1770 registered nurse that the owner is of sound mind and under no
1771 constraint or undue influence to enter into the settlement contract; and

1772 (2) A document in which the insured consents to the release of the
1773 insured's medical records to a provider, broker or insurance producer,
1774 and, if the policy was issued less than two years from the date of
1775 application for a settlement contract, to the insurance company that

1776 issued the policy.

1777 (b) The insurer shall respond to a request for verification of coverage
1778 submitted by a provider, broker or life insurance producer on a form
1779 approved by the commissioner not later than thirty calendar days after
1780 the date the request was received. The insurer shall complete and issue
1781 the verification of coverage or indicate in which respects it is unable to
1782 respond. In its response, the insurer shall indicate whether, based on the
1783 medical evidence and documents provided, the insurer intends to
1784 pursue an investigation regarding the validity of the policy.

1785 (c) Prior to or at the time of execution of the settlement contract, the
1786 provider shall obtain a witnessed document in which the owner
1787 consents to the settlement contract, represents that the owner has a full
1788 and complete understanding of the settlement contract, that the owner
1789 has a full and complete understanding of the benefits of the policy,
1790 acknowledges that the owner is entering into the settlement contract
1791 freely and voluntarily and, for persons with a terminal or chronic illness
1792 or condition, acknowledges that the insured has a terminal or chronic
1793 illness or condition and that the terminal or chronic illness or condition
1794 was diagnosed after the life insurance policy was issued.

1795 (d) If a broker or life insurance producer performs any of the activities
1796 required of the provider under this section, the provider shall be
1797 deemed to have fulfilled the requirements of this section.

1798 (e) The insurer shall not unreasonably delay effecting change of
1799 ownership or beneficiary with any life settlement contract lawfully
1800 entered into in this state or with a resident of this state.

1801 (f) Not later than twenty days after an owner executes the life
1802 settlement contract, the provider shall give written notice to the insurer
1803 that issued the policy that the policy has become subject to a life
1804 settlement contract. The notice shall be accompanied by a copy of the
1805 medical records release required under subdivision (2) of subsection (a)
1806 of this section and a copy of the insured's application for the life
1807 settlement contract.

1808 (g) All medical information solicited or obtained by any person
1809 licensed pursuant to this part shall be subject to applicable provisions of
1810 law relating to the confidentiality of medical information.

1811 (h) Each life settlement contract entered into in this state shall provide
1812 that the owner may rescind the contract not later than fifteen days from
1813 the date it is executed by all parties thereto. Such rescission exercised by
1814 the owner shall be effective only if both notice of rescission is given to
1815 the provider and the owner repays all proceeds and any premiums,
1816 loans and loan interest paid by the provider within the rescission period.
1817 A failure to provide written notice of the right of rescission shall toll the
1818 period of such right until thirty days after the written notice of the right
1819 of rescission has been given. If the insured dies during the rescission
1820 period, the contract shall be deemed to have been rescinded, subject to
1821 repayment by the owner or the owner's estate of all proceeds and any
1822 premiums, loans and loan interest to the provider.

1823 (i) Not later than three business days after the date the provider
1824 receives the documents from the owner to effect the transfer of the
1825 insurance policy, the provider shall pay or transfer the proceeds of the
1826 settlement into an escrow or trust account managed by a trustee or
1827 escrow agent in a state or federally chartered financial institution whose
1828 deposits are insured by the Federal Deposit Insurance Corporation. Not
1829 later than three business days after receiving acknowledgment of the
1830 transfer of the insurance policy from the issuer of the policy, said trustee
1831 or escrow agent shall pay the settlement proceeds to the owner.

1832 (j) Failure to tender the life settlement contract proceeds to the owner
1833 within the time set forth in section 38a-465f shall render the viatical
1834 settlement contract voidable by the owner for lack of consideration until
1835 the time such consideration is tendered to, and accepted by, the owner.

1836 (k) Any fee paid by a provider, party, i individual or an owner to a
1837 broker in exchange for services provided to the owner pertaining to a
1838 life settlement contract shall be computed as a percentage of the offer
1839 obtained and not as a percentage of the face value of the policy. Nothing

1840 in this section shall be construed to prohibit a broker from reducing such
1841 broker's fee below such percentage.

1842 (l) Each broker shall disclose to the owner anything of value paid or
1843 given to such broker in connection with a life settlement contract
1844 concerning the owner.

1845 (m) No person at any time prior to, or at the time of, the application
1846 for or issuance of a policy, or during a two-year period commencing
1847 with the date of issuance of the policy, shall enter into a life settlement
1848 contract regardless of the date the compensation is to be provided and
1849 regardless of the date the assignment, transfer, sale, devise, bequest or
1850 surrender of the policy is to occur. This prohibition shall not apply if the
1851 owner certifies to the provider that:

1852 (1) The policy was issued upon the owner's exercise of conversion
1853 rights arising out of a group or individual policy, provided the total of
1854 the time covered under the conversion policy plus the time covered
1855 under the prior policy is not less than twenty-four months. The time
1856 covered under a group policy shall be calculated without regard to a
1857 change in insurance carriers, provided the coverage has been
1858 continuous and under the same group sponsorship; or

1859 (2) The owner submits independent evidence to the provider that one
1860 or more of the following conditions have been met within said two-year
1861 period: (A) The owner or insured is terminally ill or chronically ill; (B)
1862 the owner or insured disposes of the owner or insured's ownership
1863 interests in a closely held corporation, pursuant to the terms of a buyout
1864 or other similar agreement in effect at the time the insurance policy was
1865 initially issued; (C) the owner's spouse dies; (D) the owner divorces his
1866 or her spouse; (E) the owner retires from full-time employment; (F) the
1867 owner has a physical or mental disability and a physician, a physician
1868 assistant or an advanced practice registered nurse determines that the
1869 disability prevents the owner from maintaining full-time employment;
1870 or (G) a final order, judgment or decree is entered by a court of
1871 competent jurisdiction on the application of a creditor of the owner,

1872 adjudicating the owner bankrupt or insolvent, or approving a petition
1873 seeking reorganization of the owner or appointing a receiver, trustee or
1874 liquidator to all or a substantial part of the owner's assets.

1875 (n) Copies of the independent evidence required by subdivision (2)
1876 of subsection (m) of this section shall be submitted to the insurer when
1877 the provider submits a request to the insurer for verification of coverage.
1878 The copies shall be accompanied by a letter of attestation from the
1879 provider that the copies are true and correct copies of the documents
1880 received by the provider. Nothing in this section shall prohibit an
1881 insurer from exercising its right to contest the validity of any policy.

1882 (o) If, at the time the provider submits a request to the insurer to effect
1883 the transfer of the policy to the provider, the provider submits a copy of
1884 independent evidence of subparagraph (A) of subdivision (2) of
1885 subsection (m) of this section, such copy shall be deemed to establish
1886 that the settlement contract satisfies the requirements of this section.

1887 Sec. 63. Subsection (a) of section 38a-489 of the general statutes is
1888 repealed and the following is substituted in lieu thereof (*Effective October*
1889 *1, 2021*):

1890 (a) Each individual health insurance policy providing coverage of the
1891 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section
1892 38a-469, delivered, issued for delivery, renewed, amended or continued
1893 in this state that provides that coverage of a dependent child shall
1894 terminate upon attainment of the limiting age for dependent children
1895 specified in the policy shall also provide in substance that attainment of
1896 the limiting age shall not operate to terminate the coverage of the child
1897 if at such date the child is and continues thereafter to be both (1)
1898 incapable of self-sustaining employment by reason of mental or physical
1899 handicap, as certified by the child's physician, physician assistant or
1900 advanced practice registered nurse on a form provided by the insurer,
1901 hospital service corporation, medical service corporation or health care
1902 center, and (2) chiefly dependent upon the policyholder or subscriber
1903 for support and maintenance.

1904 Sec. 64. Subsection (b) of section 38a-492e of the general statutes is
1905 repealed and the following is substituted in lieu thereof (*Effective October*
1906 *1, 2021*):

1907 (b) Benefits shall cover: (1) Initial training visits provided to an
1908 individual after the individual is initially diagnosed with diabetes that
1909 is medically necessary for the care and management of diabetes,
1910 including, but not limited to, counseling in nutrition and the proper use
1911 of equipment and supplies for the treatment of diabetes, totaling a
1912 maximum of ten hours; (2) training and education that is medically
1913 necessary as a result of a subsequent diagnosis by a physician, a
1914 physician assistant or an advanced practice registered nurse of a
1915 significant change in the individual's symptoms or condition which
1916 requires modification of the individual's program of self-management
1917 of diabetes, totaling a maximum of four hours; and (3) training and
1918 education that is medically necessary because of the development of
1919 new techniques and treatment for diabetes totaling a maximum of four
1920 hours.

1921 Sec. 65. Section 38a-492m of the general statutes is repealed and the
1922 following is substituted in lieu thereof (*Effective October 1, 2021*):

1923 Each individual health insurance policy providing coverage of the
1924 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1925 delivered, issued for delivery, amended, renewed or continued in this
1926 state that provides coverage for prescription eye drops, shall not deny
1927 coverage for a renewal of prescription eye drops when (1) the renewal
1928 is requested by the insured less than thirty days from the later of (A) the
1929 date the original prescription was distributed to the insured, or (B) the
1930 date the last renewal of such prescription was distributed to the insured,
1931 and (2) the prescribing physician, prescribing physician assistant,
1932 prescribing advanced practice registered nurse or prescribing
1933 optometrist indicates on the original prescription that additional
1934 quantities are needed and the renewal requested by the insured does
1935 not exceed the number of additional quantities needed.

1936 Sec. 66. Subsections (b) to (e), inclusive, of section 38a-493 of the
1937 general statutes are repealed and the following is substituted in lieu
1938 thereof (*Effective October 1, 2021*):

1939 (b) For the purposes of this section and section 38a-494:

1940 (1) "Hospital" means an institution that is primarily engaged in
1941 providing, by or under the supervision of physicians, to inpatients (A)
1942 diagnostic, surgical and therapeutic services for medical diagnosis,
1943 treatment and care of persons who have an injury, sickness or disability,
1944 or (B) medical rehabilitation services for the rehabilitation of persons
1945 who have an injury, sickness or disability. "Hospital" does not include a
1946 residential care home, nursing home, rest home or alcohol or drug
1947 treatment facility, as defined in section 19a-490;

1948 (2) "Home health care" means the continued care and treatment of a
1949 covered person who is under the care of a physician, a physician
1950 assistant or an advanced practice registered nurse but only if (A)
1951 continued hospitalization would otherwise have been required if home
1952 health care was not provided, except in the case of a covered person
1953 diagnosed by a physician, a physician assistant or an advanced practice
1954 registered nurse as terminally ill with a prognosis of six months or less
1955 to live, and (B) the plan covering the home health care is established and
1956 approved in writing by such physician, physician assistant or advanced
1957 practice registered nurse within seven days following termination of a
1958 hospital confinement as a resident inpatient for the same or a related
1959 condition for which the covered person was hospitalized, except that in
1960 the case of a covered person diagnosed by a physician, a physician
1961 assistant or an advanced practice registered nurse as terminally ill with
1962 a prognosis of six months or less to live, such plan may be so established
1963 and approved at any time irrespective of whether such covered person
1964 was so confined or, if such covered person was so confined, irrespective
1965 of such seven-day period, and (C) such home health care is commenced
1966 within seven days following discharge, except in the case of a covered
1967 person diagnosed by a physician, a physician assistant or an advanced
1968 practice registered nurse as terminally ill with a prognosis of six months

1969 or less to live;

1970 (3) "Home health agency" means an agency or organization that
1971 meets each of the following requirements: (A) It is primarily engaged in
1972 and is federally certified as a home health agency and duly licensed, if
1973 such licensing is required, by the appropriate licensing authority, to
1974 provide nursing and other therapeutic services; (B) its policies are
1975 established by a professional group associated with such agency or
1976 organization, including at least one physician, physician assistant or
1977 advanced practice registered nurse and at least one registered nurse, to
1978 govern the services provided; (C) it provides for full-time supervision
1979 of such services by a physician, a physician assistant, an advanced
1980 practice registered nurse or a registered nurse; (D) it maintains a
1981 complete medical record on each patient; and (E) it has an administrator;
1982 and

1983 (4) "Medical social services" means services rendered, under the
1984 direction of a physician, a physician assistant or an advanced practice
1985 registered nurse, by a qualified social worker holding a master's degree
1986 from an accredited school of social work, including, but not limited to,
1987 (A) assessment of the social, psychological and family problems related
1988 to or arising out of such covered person's illness and treatment, (B)
1989 appropriate action and utilization of community resources to assist in
1990 resolving such problems, and (C) participation in the development of
1991 the overall plan of treatment for such covered person.

1992 (c) Home health care shall be provided by a home health agency.

1993 (d) Home health care shall consist of, but shall not be limited to, the
1994 following: (1) Part-time or intermittent nursing care by a registered
1995 nurse or by a licensed practical nurse under the supervision of a
1996 registered nurse, if the services of a registered nurse are not available;
1997 (2) part-time or intermittent home health aide services, consisting
1998 primarily of patient care of a medical or therapeutic nature by other than
1999 a registered or licensed practical nurse; (3) physical, occupational or
2000 speech therapy; (4) medical supplies, drugs and medicines prescribed

2001 by a physician, a physician assistant or an advanced practice registered
2002 nurse [or physician assistant] and laboratory services to the extent such
2003 charges would have been covered under the policy or contract if the
2004 covered person had remained or had been confined in the hospital; (5)
2005 medical social services provided to or for the benefit of a covered person
2006 diagnosed by a physician, a physician assistant or an advanced practice
2007 registered nurse as terminally ill with a prognosis of six months or less
2008 to live.

2009 (e) The policy may contain a limitation on the number of home health
2010 care visits for which benefits are payable, but the number of such visits
2011 shall not be less than eighty in any calendar year or in any continuous
2012 period of twelve months for each person covered under a policy or
2013 contract, except in the case of a covered person diagnosed by a
2014 physician, a physician assistant or an advanced practice registered nurse
2015 as terminally ill with a prognosis of six months or less to live, the yearly
2016 benefit for medical social services shall not exceed two hundred dollars.
2017 Each visit by a representative of a home health agency shall be
2018 considered as one home health care visit and four hours of home health
2019 aide service shall be considered as one home health care visit.

2020 Sec. 67. Subsections (c) to (e), inclusive, of section 38a-495 of the
2021 general statutes are repealed and the following is substituted in lieu
2022 thereof (*Effective October 1, 2021*):

2023 (c) Each Medicare supplement policy shall provide coverage for
2024 home health aide services for each individual covered under the policy
2025 when such services are not paid for by Medicare, provided (1) such
2026 services are provided by a certified home health aide employed by a
2027 home health care agency licensed pursuant to sections 19a-490 to 19a-
2028 503, inclusive, and (2) the individual's physician, physician assistant or
2029 advanced practice registered nurse has certified, in writing, that such
2030 services are medically necessary. The policy shall not be required to
2031 provide benefits in excess of five hundred dollars per year for such
2032 services. No deductible or coinsurance provisions may be applicable to
2033 such benefits. If two or more Medicare supplement policies are issued

2034 to the same individual by the same insurer, such coverage for home
2035 health aide services shall be included in only one such policy.
2036 Notwithstanding the provisions of subsection (g) of this section, the
2037 provisions of this subsection shall apply with respect to any Medicare
2038 supplement policy delivered, issued for delivery, continued or renewed
2039 in this state on or after October 1, 1986.

2040 (d) Whenever a Medicare supplement policy provides coverage for
2041 the cost of prescription drugs prescribed after the hospitalization of the
2042 insured, outpatient surgical procedures performed on the insured in
2043 any licensed hospital shall constitute "hospitalization" for purposes of
2044 such prescription drug coverage in such policy.

2045 (e) Notwithstanding the provisions of subsection (g) of this section,
2046 each Medicare supplement policy delivered, issued for delivery,
2047 continued or renewed in this state on or after October 1, 1988, shall
2048 provide benefits, to any woman covered under the policy, for
2049 mammographic examinations every year, or more frequently if
2050 recommended by the woman's physician, physician assistant or
2051 advanced practice registered nurse, when such examinations are not
2052 paid for by Medicare.

2053 Sec. 68. Subdivision (1) of subsection (a) of section 38a-496 of the
2054 general statutes is repealed and the following is substituted in lieu
2055 thereof (*Effective October 1, 2021*):

2056 (1) "Occupational therapy" means services provided by a licensed
2057 occupational therapist in accordance with a plan of care established and
2058 approved in writing by a physician licensed in accordance with the
2059 provisions of chapter 370, a physician assistant licensed in accordance
2060 with the provisions of chapter 370 or an advanced practice registered
2061 nurse licensed in accordance with the provisions of chapter 378, who
2062 has certified that the prescribed care and treatment are not available
2063 from sources other than a licensed occupational therapist and which are
2064 provided in private practice or in a licensed health care facility. Such
2065 plan shall be reviewed and certified at least every two months by such

2066 physician, physician assistant or advanced practice registered nurse.

2067 Sec. 69. Subsections (b) to (d), inclusive, of section 38a-503 of the
2068 general statutes are repealed and the following is substituted in lieu
2069 thereof (*Effective October 1, 2021*):

2070 (b) (1) Each individual health insurance policy providing coverage of
2071 the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section
2072 38a-469 delivered, issued for delivery, renewed, amended or continued
2073 in this state shall provide benefits for mammograms to any woman
2074 covered under the policy that are at least equal to the following
2075 minimum requirements: (A) A baseline mammogram, which may be
2076 provided by breast tomosynthesis at the option of the woman covered
2077 under the policy, for any woman who is thirty-five to thirty-nine years
2078 of age, inclusive; and (B) a mammogram, which may be provided by
2079 breast tomosynthesis at the option of the woman covered under the
2080 policy, every year for any woman who is forty years of age or older.

2081 (2) Such policy shall provide additional benefits for:

2082 (A) Comprehensive ultrasound screening of an entire breast or
2083 breasts if: (i) A mammogram demonstrates heterogeneous or dense
2084 breast tissue based on the Breast Imaging Reporting and Data System
2085 established by the American College of Radiology; (ii) a woman is
2086 believed to be at increased risk for breast cancer due to (I) family history
2087 or prior personal history of breast cancer, (II) positive genetic testing, or
2088 (III) other indications as determined by a woman's physician, physician
2089 assistant or advanced practice registered nurse; or (iii) such screening is
2090 recommended by a woman's treating physician for a woman who (I) is
2091 forty years of age or older, (II) has a family history or prior personal
2092 history of breast cancer, or (III) has a prior personal history of breast
2093 disease diagnosed through biopsy as benign; and

2094 (B) Magnetic resonance imaging of an entire breast or breasts in
2095 accordance with guidelines established by the American Cancer Society.

2096 (c) Benefits under this section shall be subject to any policy provisions

2097 that apply to other services covered by such policy, except that no such
2098 policy shall impose a coinsurance, copayment, deductible or other out-
2099 of-pocket expense for such benefits. The provisions of this subsection
2100 shall apply to a high deductible health plan, as that term is used in
2101 subsection (f) of section 38a-493, to the maximum extent permitted by
2102 federal law, except if such plan is used to establish a medical savings
2103 account or an Archer MSA pursuant to Section 220 of the Internal
2104 Revenue Code of 1986 or any subsequent corresponding internal
2105 revenue code of the United States, as amended from time to time, or a
2106 health savings account pursuant to Section 223 of said Internal Revenue
2107 Code, as amended from time to time, the provisions of this subsection
2108 shall apply to such plan to the maximum extent that (1) is permitted by
2109 federal law, and (2) does not disqualify such account for the deduction
2110 allowed under said Section 220 or 223, as applicable.

2111 (d) Each mammography report provided to a patient shall include
2112 information about breast density, based on the Breast Imaging
2113 Reporting and Data System established by the American College of
2114 Radiology. Where applicable, such report shall include the following
2115 notice: "If your mammogram demonstrates that you have dense breast
2116 tissue, which could hide small abnormalities, you might benefit from
2117 supplementary screening tests, which can include a breast ultrasound
2118 screening or a breast MRI examination, or both, depending on your
2119 individual risk factors. A report of your mammography results, which
2120 contains information about your breast density, has been sent to your
2121 physician's, physician assistant's or advanced practice registered nurse's
2122 office and you should contact your physician, physician assistant or
2123 advanced practice registered nurse if you have any questions or
2124 concerns about this report.".

2125 Sec. 70. Subsection (a) of section 38a-515 of the general statutes is
2126 repealed and the following is substituted in lieu thereof (*Effective October*
2127 *1, 2021*):

2128 (a) Each group health insurance policy providing coverage of the type
2129 specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469

2130 delivered, issued for delivery, renewed, amended or continued in this
2131 state that provides that coverage of a dependent child of an employee
2132 or other member of the covered group shall terminate upon attainment
2133 of the limiting age for dependent children specified in the policy shall
2134 also provide in substance that attainment of the limiting age shall not
2135 operate to terminate the coverage of the child if at such date the child is
2136 and continues thereafter to be both (1) incapable of self-sustaining
2137 employment by reason of mental or physical handicap, as certified by
2138 the child's physician, physician assistant or advanced practice registered
2139 nurse on a form provided by the insurer, hospital service corporation,
2140 medical service corporation or health care center, and (2) chiefly
2141 dependent upon such employee or member for support and
2142 maintenance.

2143 Sec. 71. Subsection (b) of section 38a-518e of the general statutes is
2144 repealed and the following is substituted in lieu thereof (*Effective October*
2145 *1, 2021*):

2146 (b) Benefits shall cover: (1) Initial training visits provided to an
2147 individual after the individual is initially diagnosed with diabetes that
2148 is medically necessary for the care and management of diabetes,
2149 including, but not limited to, counseling in nutrition and the proper use
2150 of equipment and supplies for the treatment of diabetes, totaling a
2151 maximum of ten hours; (2) training and education that is medically
2152 necessary as a result of a subsequent diagnosis by a physician, a
2153 physician assistant or an advanced practice registered nurse of a
2154 significant change in the individual's symptoms or condition which
2155 requires modification of the individual's program of self-management
2156 of diabetes, totaling a maximum of four hours; and (3) training and
2157 education that is medically necessary because of the development of
2158 new techniques and treatment for diabetes totaling a maximum of four
2159 hours.

2160 Sec. 72. Section 38a-518*l* of the general statutes is repealed and the
2161 following is substituted in lieu thereof (*Effective October 1, 2021*):

2162 Each group health insurance policy providing coverage of the type
2163 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
2164 delivered, issued for delivery, amended, renewed or continued in this
2165 state that provides coverage for prescription eye drops, shall not deny
2166 coverage for a renewal of prescription eye drops when (1) the renewal
2167 is requested by the insured less than thirty days from the later of (A) the
2168 date the original prescription was distributed to the insured, or (B) the
2169 date the last renewal of such prescription was distributed to the insured,
2170 and (2) the prescribing physician, prescribing physician assistant,
2171 prescribing advanced practice registered nurse or prescribing
2172 optometrist indicates on the original prescription that additional
2173 quantities are needed and the renewal requested by the insured does
2174 not exceed the number of additional quantities needed.

2175 Sec. 73. Subsections (b) to (e), inclusive, of section 38a-520 of the
2176 general statutes are repealed and the following is substituted in lieu
2177 thereof (*Effective October 1, 2021*):

2178 (b) For the purposes of this section and section 38a-494:

2179 (1) "Hospital" means an institution that is primarily engaged in
2180 providing, by or under the supervision of physicians, to inpatients (A)
2181 diagnostic, surgical and therapeutic services for medical diagnosis,
2182 treatment and care of persons who have an injury, sickness or disability,
2183 or (B) medical rehabilitation services for the rehabilitation of persons
2184 who have an injury, sickness or disability. "Hospital" does not include a
2185 residential care home, nursing home, rest home or alcohol or drug
2186 treatment facility, as defined in section 19a-490;

2187 (2) "Home health care" means the continued care and treatment of a
2188 covered person who is under the care of a physician, a physician
2189 assistant or an advanced practice registered nurse but only if (A)
2190 continued hospitalization would otherwise have been required if home
2191 health care was not provided, except in the case of a covered person
2192 diagnosed by a physician, a physician assistant or an advanced practice
2193 registered nurse as terminally ill with a prognosis of six months or less

2194 to live, and (B) the plan covering the home health care is established and
2195 approved in writing by such physician, physician assistant or advanced
2196 practice registered nurse within seven days following termination of a
2197 hospital confinement as a resident inpatient for the same or a related
2198 condition for which the covered person was hospitalized, except that in
2199 the case of a covered person diagnosed by a physician, a physician
2200 assistant or an advanced practice registered nurse as terminally ill with
2201 a prognosis of six months or less to live, such plan may be so established
2202 and approved at any time irrespective of whether such covered person
2203 was so confined or, if such covered person was so confined, irrespective
2204 of such seven-day period, and (C) such home health care is commenced
2205 within seven days following discharge, except in the case of a covered
2206 person diagnosed by a physician, a physician assistant or an advanced
2207 practice registered nurse as terminally ill with a prognosis of six months
2208 or less to live;

2209 (3) "Home health agency" means an agency or organization that
2210 meets each of the following requirements: (A) It is primarily engaged in
2211 and is federally certified as a home health agency and duly licensed, if
2212 such licensing is required, by the appropriate licensing authority, to
2213 provide nursing and other therapeutic services; (B) its policies are
2214 established by a professional group associated with such agency or
2215 organization, including at least one physician, physician assistant or
2216 advanced practice registered nurse and at least one registered nurse, to
2217 govern the services provided; (C) it provides for full-time supervision
2218 of such services by a physician, a physician assistant, an advanced
2219 practice registered nurse or a registered nurse; (D) it maintains a
2220 complete medical record on each patient; and (E) it has an administrator;
2221 and

2222 (4) "Medical social services" means services rendered, under the
2223 direction of a physician, a physician assistant or an advanced practice
2224 registered nurse, by a qualified social worker holding a master's degree
2225 from an accredited school of social work, including, but not limited to,
2226 (A) assessment of the social, psychological and family problems related
2227 to or arising out of such covered person's illness and treatment, (B)

2228 appropriate action and utilization of community resources to assist in
2229 resolving such problems, and (C) participation in the development of
2230 the overall plan of treatment for such covered person.

2231 (c) Home health care shall be provided by a home health agency.

2232 (d) Home health care shall consist of, but shall not be limited to, the
2233 following: (1) Part-time or intermittent nursing care by a registered
2234 nurse or by a licensed practical nurse under the supervision of a
2235 registered nurse, if the services of a registered nurse are not available;
2236 (2) part-time or intermittent home health aide services, consisting
2237 primarily of patient care of a medical or therapeutic nature by other than
2238 a registered or licensed practical nurse; (3) physical, occupational or
2239 speech therapy; (4) medical supplies, drugs and medicines prescribed
2240 by a physician, <u>a physician assistant or</u> an advanced practice registered
2241 nurse **[**or a physician assistant**]** and laboratory services to the extent
2242 such charges would have been covered under the policy or contract if
2243 the covered person had remained or had been confined in the hospital;
2244 (5) medical social services provided to or for the benefit of a covered
2245 person diagnosed by a physician<u>, a physician assistant</u> or an advanced
2246 practice registered nurse as terminally ill with a prognosis of six months
2247 or less to live.

2248 (e) The policy may contain a limitation on the number of home health
2249 care visits for which benefits are payable, but the number of such visits
2250 shall not be less than eighty in any calendar year or in any continuous
2251 period of twelve months for each person covered under a policy, except
2252 in the case of a covered person diagnosed by a physician<u>, a physician</u>
2253 <u>assistant</u> or an advanced practice registered nurse as terminally ill with
2254 a prognosis of six months or less to live, the yearly benefit for medical
2255 social services shall not exceed two hundred dollars. Each visit by a
2256 representative of a home health agency shall be considered as one home
2257 health care visit and four hours of home health aide service shall be
2258 considered as one home health care visit.

2259 Sec. 74. Subsections (c) to (e), inclusive, of section 38a-522 of the

2260 general statutes are repealed and the following is substituted in lieu
2261 thereof (*Effective October 1, 2021*):

2262 (c) Each Medicare supplement policy shall provide coverage for
2263 home health aide services for each individual covered under the policy
2264 when such services are not paid for by Medicare, provided (1) such
2265 services are provided by a certified home health aide employed by a
2266 home health care agency licensed pursuant to sections 19a-490 to 19a-
2267 503, inclusive, and (2) the individual's physician, physician assistant or
2268 advanced practice registered nurse has certified, in writing, that such
2269 services are medically necessary. The policy shall not be required to
2270 provide benefits in excess of five hundred dollars per year for such
2271 services. No deductible or coinsurance provisions may be applicable to
2272 such benefits. If two or more Medicare supplement policies are issued
2273 to the same individual by the same insurer, such coverage for home
2274 health aide services shall be included in only one such policy.
2275 Notwithstanding the provisions of subsection (g) of this section, the
2276 provisions of this subsection shall apply with respect to any Medicare
2277 supplement policy delivered, issued for delivery, continued or renewed
2278 in this state on or after October 1, 1986.

2279 (d) Whenever a Medicare supplement policy provides coverage for
2280 the cost of prescription drugs prescribed after the hospitalization of the
2281 insured, outpatient surgical procedures performed on the insured in
2282 any licensed hospital shall constitute "hospitalization" for purposes of
2283 such prescription drug coverage in such policy.

2284 (e) Notwithstanding the provisions of subsection (g) of this section,
2285 each Medicare supplement policy delivered, issued for delivery,
2286 continued or renewed in this state on or after October 1, 1988, shall
2287 provide benefits, to any woman covered under the policy, for
2288 mammographic examinations every year, or more frequently if
2289 recommended by the woman's physician, physician assistant or
2290 advanced practice registered nurse, when such examinations are not
2291 paid for by Medicare.

2292 Sec. 75. Subdivision (1) of subsection (a) of section 38a-523 of the
2293 general statutes is repealed and the following is substituted in lieu
2294 thereof (*Effective October 1, 2021*):

2295 (1) "Comprehensive rehabilitation services" shall consist of the
2296 following when provided in a comprehensive rehabilitation facility
2297 pursuant to a plan of care approved in writing by a physician licensed
2298 in accordance with the provisions of chapter 370, a physician assistant
2299 licensed in accordance with the provisions of chapter 370 or an
2300 advanced practice registered nurse licensed in accordance with the
2301 provisions of chapter 378 and reviewed by such physician, physician
2302 assistant or advanced practice registered nurse at least every thirty days
2303 to determine that continuation of such services are medically necessary
2304 for the rehabilitation of the patient: (A) Physician services, physical and
2305 occupational therapy, nursing care, psychological and audiological
2306 services and speech therapy provided by health care professionals who
2307 are licensed by the appropriate state licensing authority to perform such
2308 services; (B) social services by a social worker holding a master's degree
2309 from an accredited school of social work; (C) respiratory therapy by a
2310 certified respiratory therapist; (D) prescription drugs and medicines
2311 which cannot be self-administered; (E) prosthetic and orthotic devices,
2312 including the testing, fitting or instruction in the use of such devices; (F)
2313 other supplies or services prescribed by a physician, a physician
2314 assistant or an advanced practice registered nurse for the rehabilitation
2315 of a patient and ordinarily furnished by a comprehensive rehabilitation
2316 facility.

2317 Sec. 76. Section 38a-530 of the general statutes is repealed and the
2318 following is substituted in lieu thereof (*Effective October 1, 2021*):

2319 (a) For purposes of this section:

2320 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
2321 means the billing codes used by Medicare and overseen by the federal
2322 Centers for Medicare and Medicaid Services that are based on the
2323 current procedural technology codes developed by the American

2324 Medical Association; and

2325 (2) "Mammogram" means mammographic examination or breast
2326 tomosynthesis, including, but not limited to, a procedure with a HCPCS
2327 code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067,
2328 G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

2329 (b) (1) Each group health insurance policy providing coverage of the
2330 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
2331 delivered, issued for delivery, renewed, amended or continued in this
2332 state shall provide benefits for mammograms to any woman covered
2333 under the policy that are at least equal to the following minimum
2334 requirements: (A) A baseline mammogram, which may be provided by
2335 breast tomosynthesis at the option of the woman covered under the
2336 policy, for any woman who is thirty-five to thirty-nine years of age,
2337 inclusive; and (B) a mammogram, which may be provided by breast
2338 tomosynthesis at the option of the woman covered under the policy,
2339 every year for any woman who is forty years of age or older.

2340 (2) Such policy shall provide additional benefits for:

2341 (A) Comprehensive ultrasound screening of an entire breast or
2342 breasts if: (i) A mammogram demonstrates heterogeneous or dense
2343 breast tissue based on the Breast Imaging Reporting and Data System
2344 established by the American College of Radiology; (ii) a woman is
2345 believed to be at increased risk for breast cancer due to (I) family history
2346 or prior personal history of breast cancer, (II) positive genetic testing, or
2347 (III) other indications as determined by a woman's physician, physician
2348 assistant or advanced practice registered nurse; or (iii) such screening is
2349 recommended by a woman's treating physician for a woman who (I) is
2350 forty years of age or older, (II) has a family history or prior personal
2351 history of breast cancer, or (III) has a prior personal history of breast
2352 disease diagnosed through biopsy as benign; and

2353 (B) Magnetic resonance imaging of an entire breast or breasts in
2354 accordance with guidelines established by the American Cancer Society.

2355 (c) Benefits under this section shall be subject to any policy provisions
2356 that apply to other services covered by such policy, except that no such
2357 policy shall impose a coinsurance, copayment, deductible or other out-
2358 of-pocket expense for such benefits. The provisions of this subsection
2359 shall apply to a high deductible health plan, as that term is used in
2360 subsection (f) of section 38a-520, to the maximum extent permitted by
2361 federal law, except if such plan is used to establish a medical savings
2362 account or an Archer MSA pursuant to Section 220 of the Internal
2363 Revenue Code of 1986 or any subsequent corresponding internal
2364 revenue code of the United States, as amended from time to time, or a
2365 health savings account pursuant to Section 223 of said Internal Revenue
2366 Code, as amended from time to time, the provisions of this subsection
2367 shall apply to such plan to the maximum extent that (1) is permitted by
2368 federal law, and (2) does not disqualify such account for the deduction
2369 allowed under said Section 220 or 223, as applicable.

2370 (d) Each mammography report provided to a patient shall include
2371 information about breast density, based on the Breast Imaging
2372 Reporting and Data System established by the American College of
2373 Radiology. Where applicable, such report shall include the following
2374 notice: "If your mammogram demonstrates that you have dense breast
2375 tissue, which could hide small abnormalities, you might benefit from
2376 supplementary screening tests, which can include a breast ultrasound
2377 screening or a breast MRI examination, or both, depending on your
2378 individual risk factors. A report of your mammography results, which
2379 contains information about your breast density, has been sent to your
2380 physician's, physician assistant's or advanced practice registered nurse's
2381 office and you should contact your physician, physician assistant or
2382 advanced practice registered nurse if you have any questions or
2383 concerns about this report.".

2384 Sec. 77. Subdivision (1) of subsection (a) of section 38a-530f of the
2385 general statutes is repealed and the following is substituted in lieu
2386 thereof (*Effective October 1, 2021*):

2387 (a) (1) Except as provided in subdivision (2) of this subsection, each

2388 group health insurance policy providing coverage of the type specified
2389 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
2390 issued for delivery, renewed, amended or continued in this state shall
2391 provide coverage for the following benefits and services:

2392 (A) Domestic and interpersonal violence screening and counseling
2393 for any woman;

2394 (B) Tobacco use intervention and cessation counseling for any
2395 woman who consumes tobacco;

2396 (C) Well-woman visits for any woman who is younger than sixty-five
2397 years of age;

2398 (D) Breast cancer chemoprevention counseling for any woman who
2399 is at increased risk for breast cancer due to family history or prior
2400 personal history of breast cancer, positive genetic testing or other
2401 indications as determined by such woman's physician, physician
2402 assistant or advanced practice registered nurse;

2403 (E) Breast cancer risk assessment, genetic testing and counseling;

2404 (F) Chlamydia infection screening for any sexually-active woman;

2405 (G) Cervical and vaginal cancer screening for any sexually-active
2406 woman;

2407 (H) Gonorrhea screening for any sexually-active woman;

2408 (I) Human immunodeficiency virus screening for any sexually-active
2409 woman;

2410 (J) Human papillomavirus screening for any woman with normal
2411 cytology results who is thirty years of age or older;

2412 (K) Sexually transmitted infections counseling for any sexually-active
2413 woman;

2414 (L) Anemia screening for any pregnant woman and any woman who

2415 is likely to become pregnant;

2416 (M) Folic acid supplements for any pregnant woman and any woman
2417 who is likely to become pregnant;

2418 (N) Hepatitis B screening for any pregnant woman;

2419 (O) Rhesus incompatibility screening for any pregnant woman and
2420 follow-up rhesus incompatibility testing for any pregnant woman who
2421 is at increased risk for rhesus incompatibility;

2422 (P) Syphilis screening for any pregnant woman and any woman who
2423 is at increased risk for syphilis;

2424 (Q) Urinary tract and other infection screening for any pregnant
2425 woman;

2426 (R) Breastfeeding support and counseling for any pregnant or
2427 breastfeeding woman;

2428 (S) Breastfeeding supplies, including, but not limited to, a breast
2429 pump for any breastfeeding woman;

2430 (T) Gestational diabetes screening for any woman who is twenty-four
2431 to twenty-eight weeks pregnant and any woman who is at increased risk
2432 for gestational diabetes;

2433 (U) Osteoporosis screening for any woman who is sixty years of age
2434 or older;

2435 (V) Such additional evidence-based items or services not described in
2436 subparagraphs (A) to (U), inclusive, of this subdivision that receive a
2437 rating of "A" or "B" in any recommendations of the United States
2438 Preventive Services Task Force effective after January 1, 2018; and

2439 (W) With respect to infants, children and adolescents, evidence-
2440 informed preventive care and screenings provided for in the
2441 comprehensive guidelines supported by the United States Health
2442 Resources and Services Administration, as effective on January 1, 2018,

2443 and such additional preventive care and screenings provided for in any
2444 comprehensive guidelines supported by said administration and
2445 effective after January 1, 2018.

2446 Sec. 78. Subsection (i) of section 47-88b of the general statutes is
2447 repealed and the following is substituted in lieu thereof (*Effective October*
2448 *1, 2021*):

2449 (i) After the conversion of a dwelling unit in a building to
2450 condominium ownership, the declarant or unit owner, for the purpose
2451 of determining if a lessee's eviction is prohibited under subsection (b) of
2452 section 47a-23c, may ask any lessee to provide proof of the age,
2453 blindness or physical disability of such lessee or any person residing
2454 with him, or of the familial relationship existing between such lessee
2455 and any person residing with him. The lessee shall provide such proof,
2456 including, in the case of alleged physical disability, a statement of a
2457 physician<u>, a physician assistant</u> or an advanced practice registered nurse
2458 or, in the case of alleged blindness, a statement of a physician, an
2459 advanced practice registered nurse or an optometrist, within thirty
2460 days.

2461 Sec. 79. Subsection (d) of section 47a-23c of the general statutes is
2462 repealed and the following is substituted in lieu thereof (*Effective October*
2463 *1, 2021*):

2464 (d) A landlord, to determine whether a tenant is a protected tenant,
2465 may request proof of such protected status. On such request, any tenant
2466 claiming protection shall provide proof of the protected status within
2467 thirty days. The proof shall include a statement of a physician<u>, a</u>
2468 <u>physician assistant</u> or an advanced practice registered nurse in the case
2469 of alleged blindness or other physical disability.

2470 Sec. 80. Subsection (c) of section 51-217 of the general statutes is
2471 repealed and the following is substituted in lieu thereof (*Effective October*
2472 *1, 2021*):

2473 (c) The Jury Administrator shall have the authority to establish and

2474 maintain a list of persons to be excluded from the summoning process,
2475 which shall consist of (1) persons who are disqualified from serving on
2476 jury duty on a permanent basis due to a disability for which a licensed
2477 physician, a physician assistant or an advanced practice registered nurse
2478 has submitted a letter stating the physician's, physician assistant's or
2479 advanced practice registered nurse's opinion that such disability
2480 permanently prevents the person from rendering satisfactory jury
2481 service, (2) persons seventy years of age or older who have requested
2482 not to be summoned, (3) elected officials enumerated in subdivision (4)
2483 of subsection (a) of this section and judges enumerated in subdivision
2484 (5) of subsection (a) of this section during their term of office, and (4)
2485 persons excused from jury service pursuant to section 51-217a who have
2486 not requested to be summoned for jury service pursuant to said section.
2487 Persons requesting to be excluded pursuant to subdivisions (1) and (2)
2488 of this subsection must provide the Jury Administrator with their
2489 names, addresses, dates of birth and federal Social Security numbers for
2490 use in matching. The request to be excluded may be rescinded at any
2491 time with written notice to the Jury Administrator.

2492 Sec. 81. Subsection (b) of section 54-204 of the general statutes is
2493 repealed and the following is substituted in lieu thereof (*Effective October*
2494 *1, 2021*):

2495 (b) In order to be eligible for compensation services under sections
2496 54-201 to 54-218, inclusive, the applicant shall, prior to a determination
2497 on any application made pursuant to sections 54-201 to 54-218,
2498 inclusive, submit reports if reasonably available from all physicians,
2499 surgeons, physician assistants, advanced practice registered nurses or
2500 mental health professionals who have treated or examined the victim in
2501 relation to the injury for which compensation is claimed at the time of
2502 or subsequent to the victim's injury or death. If in the opinion of the
2503 Office of Victim Services or, on review, a victim compensation
2504 commissioner, reports on the previous medical history of the victim,
2505 examination of the injured victim and a report thereon or a report on the
2506 cause of death of the victim by an impartial medical expert would be of
2507 material aid to its just determination, said office or commissioner shall

2508 order such reports and examinations. Any information received which
2509 is confidential in accordance with any provision of the general statutes
2510 shall remain confidential while in the custody of the Office of Victim
2511 Services or a victim compensation commissioner."

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2021*	20-12c
Sec. 2	*October 1, 2021*	3-39j(5)
Sec. 3	*October 1, 2021*	3-123aa(b)
Sec. 4	*October 1, 2021*	10-183b(16)
Sec. 5	*October 1, 2021*	10a-155(a)
Sec. 6	*October 1, 2021*	10a-155a
Sec. 7	*October 1, 2021*	12-94
Sec. 8	*October 1, 2021*	12-129c(a)
Sec. 9	*October 1, 2021*	12-170aa(f)
Sec. 10	*October 1, 2021*	12-170f(a)
Sec. 11	*October 1, 2021*	12-170w(a)
Sec. 12	*October 1, 2021*	14-73(b)
Sec. 13	*October 1, 2021*	14-100a(c)(2)
Sec. 14	*October 1, 2021*	14-286(c)
Sec. 15	*October 1, 2021*	14-314c(a)
Sec. 16	*October 1, 2021*	16-262c(b)(1)
Sec. 17	*October 1, 2021*	16-262d(b)
Sec. 18	*October 1, 2021*	17a-81(a)
Sec. 19	*October 1, 2021*	17b-233
Sec. 20	*October 1, 2021*	17b-236
Sec. 21	*October 1, 2021*	17b-261p(f)
Sec. 22	*October 1, 2021*	17b-278d
Sec. 23	*October 1, 2021*	18-94
Sec. 24	*October 1, 2021*	19a-2a
Sec. 25	*October 1, 2021*	19a-26(a)
Sec. 26	*October 1, 2021*	19a-262
Sec. 27	*October 1, 2021*	19a-264
Sec. 28	*October 1, 2021*	19a-535(b)
Sec. 29	*October 1, 2021*	19a-535(e)
Sec. 30	*October 1, 2021*	19a-550(a) and (b)
Sec. 31	*October 1, 2021*	19a-571(a) to (c)
Sec. 32	*October 1, 2021*	19a-580

Sec. 33	*October 1, 2021*	19a-581(12)
Sec. 34	*October 1, 2021*	19a-582(d)(5) to (7)
Sec. 35	*October 1, 2021*	19a-592(a)
Sec. 36	*October 1, 2021*	20-14m
Sec. 37	*October 1, 2021*	20-41a(e)
Sec. 38	*October 1, 2021*	20-73b(c)
Sec. 39	*October 1, 2021*	20-74ff(f)
Sec. 40	*October 1, 2021*	20-126c(f)
Sec. 41	*October 1, 2021*	20-126l(i)
Sec. 42	*October 1, 2021*	20-132a(e)
Sec. 43	*October 1, 2021*	20-162r(e)
Sec. 44	*October 1, 2021*	20-191c(d)
Sec. 45	*October 1, 2021*	20-201a(f)
Sec. 46	*October 1, 2021*	20-206bb(e)(3)
Sec. 47	*October 1, 2021*	20-395d(f)
Sec. 48	*October 1, 2021*	20-402(b)(3)
Sec. 49	*October 1, 2021*	20-411a(f)
Sec. 50	*October 1, 2021*	21a-217
Sec. 51	*October 1, 2021*	21a-218(c)(1)
Sec. 52	*October 1, 2021*	22a-616(b)
Sec. 53	*October 1, 2021*	26-29a
Sec. 54	*October 1, 2021*	26-29b
Sec. 55	*October 1, 2021*	31-51rr(b)
Sec. 56	*October 1, 2021*	31-235(c)(1)
Sec. 57	*October 1, 2021*	31-294d(a) to (f)
Sec. 58	*October 1, 2021*	31-294i
Sec. 59	*October 1, 2021*	31-296(c)
Sec. 60	*October 1, 2021*	31-308(a)
Sec. 61	*October 1, 2021*	38a-457(a)(1)
Sec. 62	*October 1, 2021*	38a-465g
Sec. 63	*October 1, 2021*	38a-489(a)
Sec. 64	*October 1, 2021*	38a-492e(b)
Sec. 65	*October 1, 2021*	38a-492m
Sec. 66	*October 1, 2021*	38a-493(b) to (e)
Sec. 67	*October 1, 2021*	38a-495(c) to (e)
Sec. 68	*October 1, 2021*	38a-496(a)(1)
Sec. 69	*October 1, 2021*	38a-503(b) to (d)
Sec. 70	*October 1, 2021*	38a-515(a)
Sec. 71	*October 1, 2021*	38a-518e(b)
Sec. 72	*October 1, 2021*	38a-518*l*

Sec. 73	*October 1, 2021*	38a-520(b) to (e)
Sec. 74	*October 1, 2021*	38a-522(c) to (e)
Sec. 75	*October 1, 2021*	38a-523(a)(1)
Sec. 76	*October 1, 2021*	38a-530
Sec. 77	*October 1, 2021*	38a-530f(a)(1)
Sec. 78	*October 1, 2021*	47-88b(i)
Sec. 79	*October 1, 2021*	47a-23c(d)
Sec. 80	*October 1, 2021*	51-217(c)
Sec. 81	*October 1, 2021*	54-204(b)