



General Assembly

**Amendment**

January Session, 2021

LCO No. 8605



Offered by:

SEN. DAUGHERTY ABRAMS, 13<sup>th</sup> Dist.

REP. STEINBERG, 136<sup>th</sup> 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 Section 20-12c of the general statutes is repealed and the  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29 repealed and the following is substituted in lieu thereof (*Effective October*  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 assistant who is licensed pursuant to chapter 370, or (iii) 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, a licensed physician assistant 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, a physician assistant's  
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, physician assistant 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, licensed  
670 physician assistants, 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-264 of the general statutes is repealed and the  
691 following is substituted in lieu thereof (*Effective October 1, 2021*):

692 The local director of health shall transmit to any physician, physician  
693 assistant or advanced practice registered nurse reporting a case or  
694 suspected case of tuberculosis as provided in section 19a-262, a printed  
695 statement describing such procedure and precautions as are deemed  
696 necessary or advisable to be taken on the premises occupied by a  
697 tuberculosis patient, and such precautions shall be communicated to the  
698 family of the patient. Any physician licensed pursuant to chapter 370,  
699 physician assistant licensed pursuant to chapter 370 or advanced  
700 practice registered nurse licensed pursuant to chapter 378, who wilfully  
701 makes any false statements in the reports provided for in said section,  
702 and any person violating any of the provisions of said section, shall be  
703 fined not less than five dollars nor more than fifty dollars or imprisoned  
704 not more than six months or be both fined and imprisoned.

705 Sec. 27. Subsection (b) of section 19a-535 of the general statutes is  
706 repealed and the following is substituted in lieu thereof (*Effective October*  
707 *1, 2021*):

708 (b) A facility shall not transfer or discharge a resident from the facility  
709 except to meet the welfare of the resident which cannot be met in the  
710 facility, or unless the resident no longer needs the services of the facility  
711 due to improved health, the facility is required to transfer the resident  
712 pursuant to section 17b-359 or 17b-360, or the health or safety of  
713 individuals in the facility is endangered, or in the case of a self-pay  
714 resident, for the resident's nonpayment or arrearage of more than fifteen  
715 days of the per diem facility room rate, or the facility ceases to operate.  
716 In each case the basis for transfer or discharge shall be documented in

717 the resident's medical record by a physician, a physician assistant or an  
718 advanced practice registered nurse. In each case where the welfare,  
719 health or safety of the resident is concerned the documentation shall be  
720 by the resident's physician, physician assistant or [the resident's]  
721 advanced practice registered nurse. A facility that is part of a continuing  
722 care facility which guarantees life care for its residents may transfer or  
723 discharge (1) a self-pay resident who is a member of the continuing care  
724 community and who has intentionally transferred assets in a sum that  
725 will render the resident unable to pay the costs of facility care in  
726 accordance with the contract between the resident and the facility, or (2)  
727 a self-pay resident who is not a member of the continuing care  
728 community and who has intentionally transferred assets in a sum that  
729 will render the resident unable to pay the costs of a total of forty-two  
730 months of facility care from the date of initial admission to the facility.

731 Sec. 28. Subsection (e) of section 19a-535 of the general statutes is  
732 repealed and the following is substituted in lieu thereof (*Effective October*  
733 *1, 2021*):

734 (e) Except in an emergency or in the case of transfer to a hospital, no  
735 resident shall be transferred or discharged from a facility unless a  
736 discharge plan has been developed by the personal physician, physician  
737 assistant or advanced practice registered nurse of the resident or the  
738 medical director in conjunction with the nursing director, social worker  
739 or other health care provider. To minimize the disruptive effects of the  
740 transfer or discharge on the resident, the person responsible for  
741 developing the plan shall consider the feasibility of placement near the  
742 resident's relatives, the acceptability of the placement to the resident and  
743 the resident's guardian or conservator, if any, or the resident's legally  
744 liable relative or other responsible party, if known, and any other  
745 relevant factors that affect the resident's adjustment to the move. The  
746 plan shall contain a written evaluation of the effects of the transfer or  
747 discharge on the resident and a statement of the action taken to  
748 minimize such effects. In addition, the plan shall outline the care and  
749 kinds of services that the resident shall receive upon transfer or  
750 discharge. Not less than thirty days prior to an involuntary transfer or

751 discharge, a copy of the discharge plan shall be provided to the  
752 resident's personal physician, physician assistant or advanced practice  
753 registered nurse if the discharge plan was prepared by the medical  
754 director, to the resident and the resident's guardian or conservator, if  
755 any, or legally liable relative or other responsible party, if known.

756 Sec. 29. Subsection (a) of section 19a-550 of the general statutes is  
757 repealed and the following is substituted in lieu thereof (*Effective October*  
758 *1, 2021*):

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

774 Sec. 30. Subsections (a) to (c), inclusive, of section 19a-571 of the  
775 general statutes are repealed and the following is substituted in lieu  
776 thereof (*Effective October 1, 2021*):

777 (a) Subject to the provisions of subsection (c) of this section, any  
778 physician licensed under chapter 370, any physician assistant licensed  
779 under chapter 370, any advanced practice registered nurse licensed  
780 under chapter 378 or any licensed medical facility who or which  
781 withholds, removes or causes the removal of a life support system of an  
782 incapacitated patient shall not be liable for damages in any civil action



783 or subject to prosecution in any criminal proceeding for such  
784 withholding or removal, provided (1) the decision to withhold or  
785 remove such life support system is based on the best medical judgment  
786 of the attending physician, physician assistant or advanced practice  
787 registered nurse in accordance with the usual and customary standards  
788 of medical practice; (2) the attending physician, physician assistant or  
789 advanced practice registered nurse deems the patient to be in a terminal  
790 condition or, in consultation with a physician qualified to make a  
791 neurological diagnosis who has examined the patient, deems the patient  
792 to be permanently unconscious; and (3) the attending physician, physician  
793 assistant or advanced practice registered nurse has  
794 considered the patient's wishes concerning the withholding or  
795 withdrawal of life support systems. In the determination of the wishes  
796 of the patient, the attending physician, physician assistant or advanced  
797 practice registered nurse shall consider the wishes as expressed by a  
798 document executed in accordance with sections 19a-575 and 19a-575a, if  
799 any such document is presented to, or in the possession of, the attending  
800 physician, physician assistant or advanced practice registered nurse at  
801 the time the decision to withhold or terminate a life support system is  
802 made. If the wishes of the patient have not been expressed in a living  
803 will the attending physician, physician assistant or advanced practice  
804 registered nurse shall determine the wishes of the patient by consulting  
805 any statement made by the patient directly to the attending physician,  
806 physician assistant or advanced practice registered nurse and, if  
807 available, the patient's health care representative, the patient's next of  
808 kin, the patient's legal guardian or conservator, if any, any person  
809 designated by the patient in accordance with section 1-56r and any other  
810 person to whom the patient has communicated his or her wishes, if the  
811 attending physician, physician assistant or advanced practice registered  
812 nurse has knowledge of such person. All persons acting on behalf of the  
813 patient shall act in good faith. If the attending physician, physician  
814 assistant or advanced practice registered nurse does not deem the  
815 incapacitated patient to be in a terminal condition or permanently  
816 unconscious, beneficial medical treatment including nutrition and  
817 hydration [must] shall be provided.

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

824 (c) In the case of an infant, as defined in 45 CFR 1340.15 (b), the  
825 physician, physician assistant, advanced practice registered nurse or  
826 licensed medical facility shall comply with the provisions of 45 CFR  
827 1340.15 (b)(2) in addition to the provisions of subsection (a) of this  
828 section.

829 Sec. 31. Section 19a-580 of the general statutes is repealed and the  
830 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

838 Sec. 32. Subdivision (12) of section 19a-581 of the general statutes is  
839 repealed and the following is substituted in lieu thereof (*Effective October*  
840 *1, 2021*):

841 (12) "Health care provider" means any physician, physician assistant,  
842 dentist, nurse, provider of services for persons with psychiatric  
843 disabilities or persons with intellectual disability or other person  
844 involved in providing medical, nursing, counseling, or other health  
845 care, substance abuse or mental health service, including such services  
846 associated with, or under contract to, a health maintenance organization  
847 or medical services plan;

848 Sec. 33. Subdivisions (5) to (7), inclusive, of subsection (d) of section

849 19a-582 of the general statutes are repealed and the following is  
850 substituted in lieu thereof (*Effective October 1, 2021*):

851 (5) In cases where a health care provider or other person, including  
852 volunteer emergency medical services, fire and public safety personnel,  
853 in the course of his or her occupational duties has had a significant  
854 exposure, provided the following criteria are met: (A) The worker is able  
855 to document significant exposure during performance of his or her  
856 occupation, (B) the worker completes an incident report within forty-  
857 eight hours of exposure identifying the parties to the exposure,  
858 witnesses, time, place and nature of the event, (C) the worker submits  
859 to a baseline HIV test within seventy-two hours of the exposure and is  
860 negative on that test, (D) the patient's or person's physician, physician  
861 assistant or advanced practice registered nurse or, if the patient or  
862 person does not have a personal physician, physician assistant or  
863 advanced practice registered nurse or if the patient's or person's  
864 physician, physician assistant or advanced practice registered nurse is  
865 unavailable, another physician, physician assistant, advanced practice  
866 registered nurse or health care provider has approached the patient or  
867 person and sought voluntary consent and the patient or person has  
868 refused to consent to testing, except in an exposure where the patient or  
869 person is deceased, (E) an exposure evaluation group determines that  
870 the criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this  
871 subdivision are met and that the worker has a significant exposure to  
872 the blood of a patient or person and the patient or person, or the patient's  
873 or person's legal guardian, refuses to grant informed consent for an HIV  
874 test. If the patient or person is under the care or custody of the health  
875 facility, correctional facility or other institution and a sample of the  
876 patient's blood is available, said blood shall be tested. If no sample of  
877 blood is available, and the patient is under the care or custody of a health  
878 facility, correctional facility or other institution, the patient shall have a  
879 blood sample drawn at the health facility, correctional facility or other  
880 institution and tested. No member of the exposure evaluation group  
881 who determines that a worker has sustained a significant exposure and  
882 authorized the HIV testing of a patient or other person, nor the health

883 facility, correctional facility or other institution, nor any person in a  
884 health facility or other institution who relies in good faith on the group's  
885 determination and performs that test shall have any liability as a result  
886 of his or her action carried out pursuant to this section, unless such  
887 person acted in bad faith. If the patient or person is not under the care  
888 or custody of a health facility, correctional facility or other institution  
889 and a physician, a physician assistant or an advanced practice registered  
890 nurse not directly involved in the exposure certifies in writing that the  
891 criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this  
892 subdivision are met and that a significant exposure has occurred, the  
893 worker may seek a court order for testing pursuant to subdivision (8) of  
894 this subsection, (F) the worker would be able to take meaningful  
895 immediate action, if results are known that could not otherwise be  
896 taken, as defined in regulations adopted pursuant to section 19a-589, (G)  
897 the fact that an HIV test was given as a result of an accidental exposure  
898 and the results of that test shall not appear in a patient's or person's  
899 medical record unless such test result is relevant to the medical care the  
900 person is receiving at that time in a health facility or correctional facility  
901 or other institution, (H) the counseling described in subsection (c) of this  
902 section shall be provided but the patient or person may choose not to be  
903 informed about the result of the test, and (I) the cost of the HIV test shall  
904 be borne by the employer of the potentially exposed worker;

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

912 (7) In facilities operated by the Department of Correction if the facility  
913 physician, physician assistant or advanced practice registered nurse and  
914 chief administrator of the facility determine that the behavior of the  
915 inmate poses a significant risk of transmission to another inmate or has  
916 resulted in a significant exposure of another inmate of the facility and

917 no reasonable alternative exists that will achieve the same goal. No  
918 involuntary testing shall take place pursuant to this subdivision and  
919 subdivision (6) of this subsection until reasonable effort has been made  
920 to secure informed consent. When testing without consent takes place  
921 pursuant to this subdivision and subdivision (6) of this subsection, the  
922 counseling referrals and notification of test results described in  
923 subsection (c) of this section shall, nonetheless, be provide;

924 Sec. 34. Subsection (a) of section 19a-592 of the general statutes is  
925 repealed and the following is substituted in lieu thereof (*Effective October*  
926 *1, 2021*):

927 (a) Any licensed physician, physician assistant or advanced practice  
928 registered nurse may examine and provide prophylaxis or treatment for  
929 human immunodeficiency virus infection, or acquired immune  
930 deficiency syndrome for a minor, only with the consent of the parents  
931 or guardian of the minor unless the physician, physician assistant or  
932 advanced practice registered nurse determines that notification of the  
933 parents or guardian of the minor will result in prophylaxis or treatment  
934 being denied or the physician, physician assistant or advanced practice  
935 registered nurse determines the minor will not seek, pursue or continue  
936 prophylaxis or treatment if the parents or guardian are notified and the  
937 minor requests that his or her parents or guardian not be notified. The  
938 physician, physician assistant or advanced practice registered nurse  
939 shall fully document the reasons for the determination to provide  
940 prophylaxis or treatment without the consent or notification of the  
941 parents or guardian of the minor and shall include such documentation,  
942 signed by the minor, in the minor's clinical record. The fact of  
943 consultation, examination and prophylaxis or treatment of a minor  
944 under the provisions of this section shall be confidential and shall not  
945 be divulged without the minor's consent, including the sending of a bill  
946 for the services to any person other than the minor until the physician,  
947 physician assistant or advanced practice registered nurse consults with  
948 the minor regarding the sending of a bill, except (1) for purposes of any  
949 report made pursuant to section 19a-215, or (2) if the minor is twelve  
950 years of age or younger, the physician, physician assistant or advanced

951 practice registered nurse shall report the name, age and address of the  
952 minor to the Commissioner of Children and Families, or the  
953 commissioner's designee, who shall classify and evaluate such report  
954 pursuant to the provisions of section 17a-101g. As used in this  
955 subsection, "prophylaxis" means the use of medication, but does not  
956 include the administration of any vaccine, to prevent disease.

957 Sec. 35. Section 20-14m of the general statutes is repealed and the  
958 following is substituted in lieu thereof (*Effective October 1, 2021*):

959 (a) As used in this section, (1) "long-term antibiotic therapy" means  
960 the administration of oral, intramuscular or intravenous antibiotics,  
961 singly or in combination, for periods of time in excess of four weeks; and  
962 (2) "Lyme disease" means the clinical diagnosis by a physician, licensed  
963 in accordance with chapter 370, a physician assistant, licensed in  
964 accordance with chapter 370, or an advanced practice registered nurse,  
965 licensed in accordance with chapter 378, of the presence in a patient of  
966 signs or symptoms compatible with acute infection with *borrelia*  
967 *burgdorferi*; or with late stage or persistent or chronic infection with  
968 *borrelia burgdorferi*, or with complications related to such an infection;  
969 or such other strains of *borrelia* that, on and after July 1, 2009, are  
970 recognized by the National Centers for Disease Control and Prevention  
971 as a cause of Lyme disease. Lyme disease includes an infection that  
972 meets the surveillance criteria set forth by the National Centers for  
973 Disease Control and Prevention, and other acute and chronic  
974 manifestations of such an infection as determined by a physician,  
975 licensed in accordance with [the provisions of] chapter 370, a physician  
976 assistant, licensed in accordance with chapter 370, or an advanced  
977 practice registered nurse, licensed in accordance with chapter 378,  
978 pursuant to a clinical diagnosis that is based on knowledge obtained  
979 through medical history and physical examination alone, or in  
980 conjunction with testing that provides supportive data for such clinical  
981 diagnosis.

982 (b) On and after July 1, 2009, a licensed physician, a licensed  
983 physician assistant or a licensed advanced practice registered nurse may

984 prescribe, administer or dispense long-term antibiotic therapy to a  
985 patient for a therapeutic purpose that eliminates such infection or  
986 controls a patient's symptoms upon making a clinical diagnosis that  
987 such patient has Lyme disease or displays symptoms consistent with a  
988 clinical diagnosis of Lyme disease, provided such clinical diagnosis and  
989 treatment are documented in the patient's medical record by such  
990 licensed physician, licensed physician assistant or licensed advanced  
991 practice registered nurse. Notwithstanding the provisions of sections  
992 20-8a and 20-13e, on and after said date, the Department of Public  
993 Health shall not initiate a disciplinary action against a licensed  
994 physician, a licensed physician assistant or a licensed advanced practice  
995 registered nurse and such physician, physician assistant or advanced  
996 practice registered nurse shall not be subject to disciplinary action by  
997 the Connecticut Medical Examining Board or the Connecticut State  
998 Board of Examiners for Nursing solely for prescribing, administering or  
999 dispensing long-term antibiotic therapy to a patient clinically diagnosed  
1000 with Lyme disease, provided such clinical diagnosis and treatment has  
1001 been documented in the patient's medical record by such licensed  
1002 physician, licensed physician assistant or licensed advanced practice  
1003 registered nurse.

1004 (c) Nothing in this section shall prevent the Connecticut Medical  
1005 Examining Board or the Connecticut State Board of Examiners for  
1006 Nursing from taking disciplinary action for other reasons against a  
1007 licensed physician, a licensed physician assistant or a licensed advanced  
1008 practice registered nurse, pursuant to section 19a-17, or from entering  
1009 into a consent order with such physician, physician assistant or  
1010 advanced practice registered nurse pursuant to subsection (c) of section  
1011 4-177. Subject to the limitation set forth in subsection (b) of this section,  
1012 for purposes of this section, the Connecticut Medical Examining Board  
1013 may take disciplinary action against a licensed physician if there is any  
1014 violation of the provisions of section 20-13c or a physician assistant if  
1015 there is any violation of the provisions of section 20-12f and the  
1016 Connecticut Board of Examiners for Nursing may take disciplinary  
1017 action against a licensed advanced practice registered nurse in

1018 accordance with the provisions of section 20-99.

1019 Sec. 36. Subsection (e) of section 20-41a of the general statutes is  
1020 repealed and the following is substituted in lieu thereof (*Effective October*  
1021 *1, 2021*):

1022 (e) In individual cases involving medical disability or illness, the  
1023 commissioner may, in the commissioner's discretion, grant a waiver of  
1024 the continuing education requirements or an extension of time within  
1025 which to fulfill the continuing education requirements of this section to  
1026 any licensee, provided the licensee submits to the department an  
1027 application for waiver or extension of time on a form prescribed by the  
1028 department, along with a certification by a licensed physician, a licensed  
1029 physician assistant or a licensed advanced practice registered nurse of  
1030 the disability or illness and such other documentation as may be  
1031 required by the commissioner. The commissioner may grant a waiver or  
1032 extension for a period not to exceed one registration period, except that  
1033 the commissioner may grant additional waivers or extensions if the  
1034 medical disability or illness upon which a waiver or extension is granted  
1035 continues beyond the period of the waiver or extension and the licensee  
1036 applies for an additional waiver or extension.

1037 Sec. 37. Subsection (c) of section 20-73b of the general statutes is  
1038 repealed and the following is substituted in lieu thereof (*Effective October*  
1039 *1, 2021*):

1040 (c) The continuing education requirements shall be waived for  
1041 licensees applying for licensure renewal for the first time. The  
1042 department may, for a licensee who has a medical disability or illness,  
1043 grant a waiver of the continuing education requirements or may grant  
1044 the licensee an extension of time in which to fulfill the requirements,  
1045 provided the licensee submits to the Department of Public Health an  
1046 application for waiver or extension of time on a form prescribed by said  
1047 department, along with a certification by a licensed physician, a licensed  
1048 physician assistant or a licensed advanced practice registered nurse of  
1049 the disability or illness and such other documentation as may be



1050 required by said department. The Department of Public Health may  
1051 grant a waiver or extension for a period not to exceed one registration  
1052 period, except that said department may grant additional waivers or  
1053 extensions if the medical disability or illness upon which a waiver or  
1054 extension is granted continues beyond the period of the waiver or  
1055 extension and the licensee applies to said department for an additional  
1056 waiver or extension.

1057 Sec. 38. Subsection (f) of section 20-74ff of the general statutes is  
1058 repealed and the following is substituted in lieu thereof (*Effective October*  
1059 *1, 2021*):

1060 (f) In individual cases involving medical disability or illness, the  
1061 commissioner may, in the commissioner's discretion, grant a waiver of  
1062 the continuing education requirements or an extension of time within  
1063 which to fulfill the continuing education requirements of this section to  
1064 any licensee, provided the licensee submits to the department an  
1065 application for waiver or extension of time on a form prescribed by the  
1066 department, along with a certification by a licensed physician, a licensed  
1067 physician assistant or a licensed advanced practice registered nurse of  
1068 the disability or illness and such other documentation as may be  
1069 required by the commissioner. The commissioner may grant a waiver or  
1070 extension for a period not to exceed one registration period, except that  
1071 the commissioner may grant additional waivers or extensions if the  
1072 medical disability or illness upon which a waiver or extension is granted  
1073 continues beyond the period of the waiver or extension and the licensee  
1074 applies for an additional waiver or extension.

1075 Sec. 39. Subsection (f) of section 20-126c of the general statutes is  
1076 repealed and the following is substituted in lieu thereof (*Effective October*  
1077 *1, 2021*):

1078 (f) In individual cases involving medical disability or illness, the  
1079 commissioner may, in the commissioner's discretion, grant a waiver of  
1080 the continuing education requirements or an extension of time within  
1081 which to fulfill the continuing education requirements of this section to

1082 any licensee, provided the licensee submits to the department an  
1083 application for waiver or extension of time on a form prescribed by the  
1084 department, along with a certification by a licensed physician, a licensed  
1085 physician assistant or a licensed advanced practice registered nurse of  
1086 the disability or illness and such other documentation as may be  
1087 required by the commissioner. The commissioner may grant a waiver or  
1088 extension for a period not to exceed one registration period, except that  
1089 the commissioner may grant additional waivers or extensions if the  
1090 medical disability or illness upon which a waiver or extension is granted  
1091 continues beyond the period of the waiver or extension and the licensee  
1092 applies for an additional waiver or extension.

1093 Sec. 40. Subsection (i) of section 20-126l of the general statutes is  
1094 repealed and the following is substituted in lieu thereof (*Effective October*  
1095 *1, 2021*):

1096 (i) In individual cases involving medical disability or illness, the  
1097 Commissioner of Public Health may grant a waiver of the continuing  
1098 education requirements or an extension of time within which to fulfill  
1099 the requirements of this subsection to any licensee, provided the  
1100 licensee submits to the Department of Public Health an application for  
1101 waiver or extension of time on a form prescribed by the commissioner,  
1102 along with a certification by a licensed physician, a licensed physician  
1103 assistant or a licensed advanced practice registered nurse of the  
1104 disability or illness and such other documentation as may be required  
1105 by the commissioner. The commissioner may grant a waiver or  
1106 extension for a period not to exceed one registration period, except the  
1107 commissioner may grant additional waivers or extensions if the medical  
1108 disability or illness upon which a waiver or extension is granted  
1109 continues beyond the period of the waiver or extension and the licensee  
1110 applies for an additional waiver or extension.

1111 Sec. 41. Subsection (e) of section 20-132a of the general statutes is  
1112 repealed and the following is substituted in lieu thereof (*Effective October*  
1113 *1, 2021*):

1114 (e) In individual cases involving medical disability or illness, the  
1115 Commissioner of Public Health may grant a waiver of the continuing  
1116 education requirements or an extension of time within which to fulfill  
1117 the requirements of this section to any licensee, provided the licensee  
1118 submits to the department an application for waiver or extension of time  
1119 on a form prescribed by the commissioner, along with a certification by  
1120 a licensed physician, a licensed physician assistant or a licensed  
1121 advanced practice registered nurse of the disability or illness and such  
1122 other documentation as may be required by the commissioner. The  
1123 commissioner may grant a waiver or extension for a period not to exceed  
1124 one registration period, except that the commissioner may grant  
1125 additional waivers or extensions if the medical disability or illness upon  
1126 which a waiver or extension is granted continues beyond the period of  
1127 the waiver or extension and the licensee applies for an additional waiver  
1128 or extension.

1129 Sec. 42. Subsection (e) of section 20-162r of the general statutes is  
1130 repealed and the following is substituted in lieu thereof (*Effective October*  
1131 *1, 2021*):

1132 (e) In individual cases involving medical disability or illness, the  
1133 commissioner may, in the commissioner's discretion, grant a waiver of  
1134 the continuing education requirements or an extension of time within  
1135 which to fulfill the continuing education requirements of this section to  
1136 any licensee, provided the licensee submits to the department an  
1137 application for waiver or extension of time on a form prescribed by the  
1138 department, along with a certification by a licensed physician, a licensed  
1139 physician assistant or a licensed advanced practice registered nurse of  
1140 the disability or illness and such other documentation as may be  
1141 required by the commissioner. The commissioner may grant a waiver or  
1142 extension for a period not to exceed one registration period, except that  
1143 the commissioner may grant additional waivers or extensions if the  
1144 medical disability or illness upon which a waiver or extension is granted  
1145 continues beyond the period of the waiver or extension and the licensee  
1146 applies for an additional waiver or extension.

1147 Sec. 43. Subsection (d) of section 20-191c of the general statutes is  
1148 repealed and the following is substituted in lieu thereof (*Effective October*  
1149 *1, 2021*):

1150 (d) A licensee applying for license renewal for the first time shall be  
1151 exempt from the continuing education requirements under subsection  
1152 (a) of this section. In individual cases involving medical disability or  
1153 illness, the Commissioner of Public Health may grant a waiver of the  
1154 continuing education requirements or an extension of time within  
1155 which to fulfill the continuing education requirements of this section to  
1156 any licensee, provided the licensee submits to the department an  
1157 application for waiver or extension of time on a form prescribed by the  
1158 commissioner, along with a certification by a licensed physician, a  
1159 licensed physician assistant or a licensed advanced practice registered  
1160 nurse of the disability or illness and such other documentation as may  
1161 be required by the commissioner. The commissioner may grant a waiver  
1162 or extension for a period not to exceed one registration period, except  
1163 the commissioner may grant additional waivers or extensions if the  
1164 medical disability or illness upon which a waiver or extension is granted  
1165 continues beyond the period of the waiver or extension and the licensee  
1166 applies for an additional waiver or extension. The commissioner may  
1167 grant a waiver of the continuing education requirements to a licensee  
1168 who is not engaged in active professional practice, in any form, during  
1169 a registration period, provided the licensee submits a notarized  
1170 application on a form prescribed by the commissioner prior to the end  
1171 of the registration period. A licensee who is granted a waiver under the  
1172 provisions of this subsection may not engage in professional practice  
1173 until the licensee has met the continuing education requirements of this  
1174 section.

1175 Sec. 44. Subsection (f) of section 20-201a of the general statutes is  
1176 repealed and the following is substituted in lieu thereof (*Effective October*  
1177 *1, 2021*):

1178 (f) In individual cases involving medical disability or illness, the  
1179 commissioner may, in the commissioner's discretion, grant a waiver of

1180 the continuing education requirements or an extension of time within  
1181 which to fulfill the continuing education requirements of this section to  
1182 any licensee, provided the licensee submits to the department an  
1183 application for waiver or extension of time on a form prescribed by the  
1184 department, along with a certification by a licensed physician, a licensed  
1185 physician assistant or a licensed advanced practice registered nurse of  
1186 the disability or illness and such other documentation as may be  
1187 required by the commissioner. The commissioner may grant a waiver or  
1188 extension for a period not to exceed one registration period, except that  
1189 the commissioner may grant additional waivers or extensions if the  
1190 medical disability or illness upon which a waiver or extension is granted  
1191 continues beyond the period of the waiver or extension and the licensee  
1192 applies for an additional waiver or extension.

1193 Sec. 45. Subdivision (3) of subsection (e) of section 20-206bb of the  
1194 general statutes is repealed and the following is substituted in lieu  
1195 thereof (*Effective October 1, 2021*):

1196 (3) In individual cases involving medical disability or illness, the  
1197 commissioner may grant a waiver of the continuing education or  
1198 certification requirements or an extension of time within which to fulfill  
1199 such requirements of this subsection to any licensee, provided the  
1200 licensee submits to the department an application for waiver or  
1201 extension of time on a form prescribed by the commissioner, along with  
1202 a certification by a licensed physician, a licensed physician assistant or  
1203 a licensed advanced practice registered nurse of the disability or illness  
1204 and such other documentation as may be required by the department.  
1205 The commissioner may grant a waiver or extension for a period not to  
1206 exceed one registration period, except that the commissioner may grant  
1207 additional waivers or extensions if the medical disability or illness upon  
1208 which a waiver or extension is granted continues beyond the period of  
1209 the waiver or extension and the licensee applies for an additional waiver  
1210 or extension.

1211 Sec. 46. Subsection (f) of section 20-395d of the general statutes is  
1212 repealed and the following is substituted in lieu thereof (*Effective October*

1213 1, 2021):

1214 (f) In individual cases involving medical disability or illness, the  
1215 commissioner may, in the commissioner's discretion, grant a waiver of  
1216 the continuing education requirements or an extension of time within  
1217 which to fulfill the continuing education requirements of this section to  
1218 any licensee, provided the licensee submits to the department an  
1219 application for waiver or extension of time on a form prescribed by the  
1220 department, along with a certification by a licensed physician, a licensed  
1221 physician assistant or a licensed advanced practice registered nurse of  
1222 the disability or illness and such other documentation as may be  
1223 required by the commissioner. The commissioner may grant a waiver or  
1224 extension for a period not to exceed one registration period, except that  
1225 the commissioner may grant additional waivers or extensions if the  
1226 medical disability or illness upon which a waiver or extension is granted  
1227 continues beyond the period of the waiver or extension and the licensee  
1228 applies for an additional waiver or extension.

1229 Sec. 47. Subdivision (3) of subsection (b) of section 20-402 of the  
1230 general statutes is repealed and the following is substituted in lieu  
1231 thereof (*Effective October 1, 2021*):

1232 (3) In individual cases involving medical disability or illness, the  
1233 commissioner may grant a waiver of the continuing education  
1234 requirements or an extension of time within which to fulfill such  
1235 requirements of this subsection to any licensee, provided the licensee  
1236 submits to the department an application for waiver or extension of time  
1237 on a form prescribed by the commissioner, along with a certification by  
1238 a licensed physician, a licensed physician assistant or a licensed  
1239 advanced practice registered nurse of the disability or illness and such  
1240 other documentation as may be required by the department. The  
1241 commissioner may grant a waiver or extension for a period not to exceed  
1242 one registration period, except that the commissioner may grant  
1243 additional waivers or extensions if the medical disability or illness upon  
1244 which a waiver or extension is granted continues beyond the period of  
1245 the waiver or extension and the licensee applies for an additional waiver

1246 or extension.

1247 Sec. 48. Subsection (f) of section 20-411a of the general statutes is  
1248 repealed and the following is substituted in lieu thereof (*Effective October*  
1249 *1, 2021*):

1250 (f) In individual cases involving medical disability or illness, the  
1251 commissioner may, in the commissioner's discretion, grant a waiver of  
1252 the continuing education requirements or an extension of time within  
1253 which to fulfill the continuing education requirements of this section to  
1254 any licensee, provided the licensee submits to the department, prior to  
1255 the expiration of the registration period, an application for waiver on a  
1256 form prescribed by the department, along with a certification by a  
1257 licensed physician, a licensed physician assistant or a licensed advanced  
1258 practice registered nurse of the disability or illness and such other  
1259 documentation as may be required by the commissioner. The  
1260 commissioner may grant a waiver or extension for a period not to exceed  
1261 one registration period, except that the commissioner may grant  
1262 additional waivers or extensions if the medical disability or illness upon  
1263 which a waiver or extension is granted continues beyond the period of  
1264 the waiver or extension and the licensee applies for an additional waiver  
1265 or extension.

1266 Sec. 49. Subsections (a) and (b) of section 20-631 of the general statutes  
1267 are repealed and the following is substituted in lieu thereof (*Effective*  
1268 *October 1, 2021*):

1269 (a) Except as provided in section 20-631b, one or more pharmacists  
1270 licensed under this chapter who are determined competent in  
1271 accordance with regulations adopted pursuant to subsection (d) of this  
1272 section may enter into a written protocol-based collaborative drug  
1273 therapy management agreement with one or more physicians licensed  
1274 under chapter 370, physician assistants licensed under chapter 370 or  
1275 advanced practice registered nurses licensed under chapter 378 to  
1276 manage the drug therapy of individual patients. In order to enter into a  
1277 written protocol-based collaborative drug therapy management

1278 agreement, such physician, physician assistant or advanced practice  
1279 registered nurse shall have established a provider-patient relationship  
1280 with the patient who will receive collaborative drug therapy. Each  
1281 patient's collaborative drug therapy management shall be governed by  
1282 a written protocol specific to that patient established by the treating  
1283 physician, physician assistant or advanced practice registered nurse in  
1284 consultation with the pharmacist. For purposes of this subsection, a  
1285 "provider-patient relationship" is a relationship based on (1) the patient  
1286 making a medical complaint, (2) the patient providing a medical history,  
1287 (3) the patient receiving a physical examination, and (4) a logical  
1288 connection existing between the medical complaint, the medical history,  
1289 the physical examination and any drug prescribed for the patient.

1290 (b) A collaborative drug therapy management agreement may  
1291 authorize a pharmacist to implement, modify or discontinue a drug  
1292 therapy that has been prescribed for a patient, order associated  
1293 laboratory tests and administer drugs, all in accordance with a patient-  
1294 specific written protocol. In instances where drug therapy is  
1295 discontinued, the pharmacist shall notify the treating physician,  
1296 physician assistant or advanced practice registered nurse of such  
1297 discontinuance no later than twenty-four hours from the time of such  
1298 discontinuance. Each protocol developed, pursuant to the collaborative  
1299 drug therapy management agreement, shall contain detailed direction  
1300 concerning the actions that the pharmacist may perform for that patient.  
1301 The protocol shall include, but need not be limited to, (1) the specific  
1302 drug or drugs to be managed by the pharmacist, (2) the terms and  
1303 conditions under which drug therapy may be implemented, modified  
1304 or discontinued, (3) the conditions and events upon which the  
1305 pharmacist is required to notify the physician, physician assistant or  
1306 advanced practice registered nurse, and (4) the laboratory tests that may  
1307 be ordered. All activities performed by the pharmacist in conjunction  
1308 with the protocol shall be documented in the patient's medical record.  
1309 The pharmacist shall report at least every thirty days to the physician,  
1310 physician assistant or advanced practice registered nurse regarding the  
1311 patient's drug therapy management. The collaborative drug therapy



1312 management agreement and protocols shall be available for inspection  
1313 by the Departments of Public Health and Consumer Protection. A copy  
1314 of the protocol shall be filed in the patient's medical record.

1315 Sec. 50. Subsections (a) and (b) of section 20-631a of the general  
1316 statutes are repealed and the following is substituted in lieu thereof  
1317 (*Effective October 1, 2021*):

1318 (a) Not later than January 1, 2006, the Commissioner of Consumer  
1319 Protection, in consultation with the Commission of Pharmacy, shall  
1320 establish and operate a two-year pilot program to allow not more than  
1321 ten pharmacists licensed under this chapter who are determined eligible  
1322 in accordance with subsection (c) of this section and employed by or  
1323 under contract with a licensed community pharmacy, to enter into a  
1324 written protocol-based collaborative drug therapy management  
1325 agreement with one or more physicians licensed under chapter 370,  
1326 physician assistants licensed under chapter 370 or advanced practice  
1327 registered nurses licensed under chapter 378, to manage the drug  
1328 therapy of individual patients receiving drug therapy for diabetes,  
1329 asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart  
1330 failure or smoking cessation, including patients who qualify as targeted  
1331 beneficiaries under the provisions of Section 1860D-4(c)(2)(A)(ii) of the  
1332 federal Social Security Act, in accordance with subsections (b) to (d),  
1333 inclusive, of this section and subject to the approval of the licensed  
1334 community pharmacy. Each patient's collaborative drug therapy  
1335 management shall be governed by a written protocol specific to that  
1336 patient established by the treating physician, physician assistant or  
1337 advanced practice registered nurse in consultation with the pharmacist.

1338 (b) A collaborative drug therapy management agreement may  
1339 authorize a pharmacist to implement, modify or discontinue a drug  
1340 therapy that has been prescribed for a patient, order associated  
1341 laboratory tests and administer drugs, all in accordance with a patient-  
1342 specific written protocol. Each protocol developed, pursuant to the  
1343 collaborative drug therapy management agreement, shall contain  
1344 detailed direction concerning the actions that the pharmacist may

1345 perform for that patient. The protocol shall include, but need not be  
1346 limited to, (1) the specific drug or drugs to be managed by the  
1347 pharmacist, (2) the terms and conditions under which drug therapy may  
1348 be implemented, modified or discontinued, (3) the conditions and  
1349 events upon which the pharmacist is required to notify the physician,  
1350 physician assistant or advanced practice registered nurse, and (4) the  
1351 laboratory tests that may be ordered. All activities performed by the  
1352 pharmacist in conjunction with the protocol shall be documented in the  
1353 patient's medical record. The pharmacist shall report to the physician,  
1354 physician assistant or advanced practice registered nurse through oral,  
1355 written or electronic manner regarding the implementation,  
1356 administration, modification or discontinuation of a drug therapy that  
1357 has been prescribed for a patient not later than twenty-four hours after  
1358 such implementation, administration, modification or discontinuation.  
1359 The collaborative drug therapy management agreement and protocols  
1360 shall be available for inspection by the Departments of Public Health  
1361 and Consumer Protection. A copy of the protocol shall be filed in the  
1362 patient's medical record.

1363 Sec. 51. Section 21a-217 of the general statutes is repealed and the  
1364 following is substituted in lieu thereof (*Effective October 1, 2021*):

1365 Every contract for health club services shall provide that such  
1366 contract may be cancelled within three business days after the date of  
1367 receipt by the buyer of a copy of the contract, by written notice delivered  
1368 by certified or registered United States mail to the seller or the seller's  
1369 agent at an address which shall be specified in the contract. After receipt  
1370 of such cancellation, the health club may request the return of contract  
1371 forms, membership cards and any and all other documents and  
1372 evidence of membership previously delivered to the buyer. Cancellation  
1373 shall be without liability on the part of the buyer, except for the fair  
1374 market value of services actually received and the buyer shall be entitled  
1375 to a refund of the entire consideration paid for the contract, if any, less  
1376 the fair market value of the services or use of facilities already actually  
1377 received. Such right of cancellation shall not be affected by the terms of  
1378 the contract and may not be waived or otherwise surrendered. Such

1379 contract for health club services shall also contain a clause providing  
1380 that if the person receiving the benefits of such contract relocates further  
1381 than twenty-five miles from a health club facility operated by the seller  
1382 or a substantially similar health club facility which would accept the  
1383 seller's obligation under the contract, or dies during the membership  
1384 term following the date of such contract, or if the health club ceases  
1385 operation at the location where the buyer entered into the contract, the  
1386 buyer or his estate shall be relieved of any further obligation for  
1387 payment under the contract not then due and owing. The contract shall  
1388 also provide that if the buyer becomes disabled during the membership  
1389 term, the buyer shall have the option of (1) being relieved of liability for  
1390 payment on that portion of the contract term for which he is disabled,  
1391 or (2) extending the duration of the original contract at no cost to the  
1392 buyer for a period equal to the duration of the disability. The health club  
1393 shall have the right to require and verify reasonable evidence of  
1394 relocation, disability or death. In the case of disability, the health club  
1395 may require that a certificate signed by a licensed physician, a licensed  
1396 physician assistant or a licensed advanced practice registered nurse be  
1397 submitted as verification and may also require in such contract that the  
1398 buyer submit to a physical examination by a licensed physician, a  
1399 licensed physician assistant or a licensed advanced practice registered  
1400 nurse agreeable to the buyer and the health club, the cost of which  
1401 examination shall be borne by the health club.

1402 Sec. 52. Subsection (b) of section 22a-616 of the general statutes is  
1403 repealed and the following is substituted in lieu thereof (*Effective October*  
1404 *1, 2021*):

1405 (b) Notwithstanding the provisions of section 22a-617, on and after  
1406 January 1, 2003, no person shall offer for sale or distribute for  
1407 promotional purposes mercury fever thermometers except by  
1408 prescription written by a physician, a physician assistant or an advanced  
1409 practice registered nurse. A manufacturer of mercury fever  
1410 thermometers shall provide the buyer or the recipient with notice of  
1411 mercury content, instructions on proper disposal and instructions that  
1412 clearly describe how to carefully handle the thermometer to avoid

1413 breakage and on proper cleanup should a breakage occur.

1414 Sec. 53. Section 26-29a of the general statutes is repealed and the  
1415 following is substituted in lieu thereof (*Effective October 1, 2021*):

1416 No fee shall be charged for any sport fishing license issued under this  
1417 chapter to any person with intellectual disability, and such license shall  
1418 be a lifetime license not subject to the expiration provisions of section  
1419 26-35. Proof of intellectual disability shall consist of a certificate to that  
1420 effect issued by a licensed physician, a licensed physician assistant or a  
1421 licensed advanced practice registered nurse.

1422 Sec. 54. Section 26-29b of the general statutes is repealed and the  
1423 following is substituted in lieu thereof (*Effective October 1, 2021*):

1424 No fee shall be charged for any hunting, sport fishing or trapping  
1425 license issued under this chapter to any person with physical disability,  
1426 and such license shall be a lifetime license not subject to the expiration  
1427 provisions of section 26-35. For the purposes of this section, a "person  
1428 with physical disability" is any person whose disability consists of the  
1429 loss of one or more limbs or the permanent loss of the use of one or more  
1430 limbs. A person with physical disability shall submit to the  
1431 commissioner a certification, signed by a licensed physician, a licensed  
1432 physician assistant or a licensed advanced practice registered nurse, of  
1433 such physical disability. No fee shall be charged for any hunting or sport  
1434 fishing license issued under this chapter to any person with physical  
1435 disability who is not a resident of this state if such person is a resident  
1436 of a state in which a person with physical disability from Connecticut  
1437 will not be required to pay a fee for a hunting or sport fishing license,  
1438 and such license shall be a lifetime license not subject to the expiration  
1439 provisions of section 26-35.

1440 Sec. 55. Subsection (b) of section 31-51rr of the general statutes is  
1441 repealed and the following is substituted in lieu thereof (*Effective October*  
1442 *1, 2021*):

1443 (b) (1) Any employee of a political subdivision of the state who has

1444 worked at least twelve months and one thousand two hundred fifty  
1445 hours for such employer during the previous twelve-month period, or  
1446 (2) on or after the effective date of regulations adopted pursuant to  
1447 subsection (f) of this section, a school paraprofessional in an educational  
1448 setting who has been employed for at least twelve months by such  
1449 employer and for at least nine hundred fifty hours of service with such  
1450 employer during the previous twelve-month period may request leave  
1451 in order to serve as an organ or bone marrow donor, provided such  
1452 employee may be required, prior to the inception of such leave, to  
1453 provide sufficient written certification from the physician of such  
1454 employee, a physician assistant or an advanced practice registered  
1455 nurse of the proposed organ or bone marrow donation and the probable  
1456 duration of the employee's recovery from such donation.

1457 Sec. 56. Subdivision (1) of subsection (c) of section 31-235 of the  
1458 general statutes is repealed and the following is substituted in lieu  
1459 thereof (*Effective October 1, 2021*):

1460 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this  
1461 section, an unemployed individual may limit such individual's  
1462 availability for work to part-time employment, provided the individual  
1463 (A) provides documentation from a licensed physician, physician  
1464 assistant or [an] advanced practice registered nurse that (i) the  
1465 individual has a physical or mental impairment that is chronic or is  
1466 expected to be long-term or permanent in nature, and (ii) the individual  
1467 is unable to work full-time because of such impairment, and (B)  
1468 establishes, to the satisfaction of the administrator, that such limitation  
1469 does not effectively remove such individual from the labor force.

1470 Sec. 57. Subsections (a) to (f), inclusive, of section 31-294d of the  
1471 general statutes are repealed and the following is substituted in lieu  
1472 thereof (*Effective October 1, 2021*):

1473 (a) (1) The employer, as soon as the employer has knowledge of an  
1474 injury, shall provide a competent physician, surgeon, physician  
1475 assistant or advanced practice registered nurse to attend the injured

1476 employee and, in addition, shall furnish any medical and surgical aid or  
1477 hospital and nursing service, including medical rehabilitation services  
1478 and prescription drugs, as the physician, surgeon, physician assistant or  
1479 advanced practice registered nurse [surgeon] deems reasonable or  
1480 necessary. The employer, any insurer acting on behalf of the employer,  
1481 or any other entity acting on behalf of the employer or insurer shall be  
1482 responsible for paying the cost of such prescription drugs directly to the  
1483 provider. If the employer utilizes an approved providers list, when an  
1484 employee reports a work-related injury or condition to the employer the  
1485 employer shall provide the employee with such approved providers list  
1486 within two business days of such reporting.

1487 (2) If the injured employee is a local or state police officer, state  
1488 marshal, judicial marshal, correction officer, emergency medical  
1489 technician, paramedic, ambulance driver, firefighter, or active member  
1490 of a volunteer fire company or fire department engaged in volunteer  
1491 duties, who has been exposed in the line of duty to blood or bodily fluids  
1492 that may carry blood-borne disease, the medical and surgical aid or  
1493 hospital and nursing service provided by the employer shall include any  
1494 relevant diagnostic and prophylactic procedure for and treatment of any  
1495 blood-borne disease.

1496 (b) The employee shall select the physician, surgeon, physician  
1497 assistant or advanced practice registered nurse from an approved list of  
1498 physicians, surgeons, physician assistants and advanced practice  
1499 registered nurses prepared by the chairman of the Workers'  
1500 Compensation Commission. If the employee is unable to make the  
1501 selection, the employer shall do so, subject to ratification by the  
1502 employee or his next of kin. If the employer has a full-time staff  
1503 physician, physician assistant or advanced practice registered nurse or  
1504 if a physician, physician assistant or advanced practice registered nurse  
1505 is available on call, the initial treatment required immediately following  
1506 the injury may be rendered by that physician, physician assistant or  
1507 advanced practice registered nurse, but the employee may thereafter  
1508 select his own physician, physician assistant or advanced practice  
1509 registered nurse as provided by this chapter for any further treatment

1510 without prior approval of the commissioner.

1511 (c) The commissioner may, without hearing, at the request of the  
1512 employer or the injured employee, when good reason exists, or on his  
1513 own motion, authorize or direct a change of physician, surgeon,  
1514 physician assistant or advanced practice registered nurse or hospital or  
1515 nursing service provided pursuant to subsection (a) of this section.

1516 (d) (1) The pecuniary liability of the employer for the medical and  
1517 surgical service required by this section shall be limited to the charges  
1518 that prevail in the same community or similar communities for similar  
1519 treatment of injured persons of a like standard of living when the similar  
1520 treatment is paid for by the injured person. Notwithstanding the  
1521 provisions of chapter 368z, prior to the date the liability of the employer  
1522 is established pursuant to subdivision (2) of this subsection, the liability  
1523 of the employer for hospital service shall be determined exclusively by  
1524 the provisions of this subdivision and shall remain the amount it  
1525 actually costs the hospital to render the service, as determined by the  
1526 commissioner, except in the case of state humane institutions, the  
1527 liability of the employer shall be the per capita cost as determined by  
1528 the Comptroller under the provisions of section 17b-223. All disputes  
1529 concerning liability for hospital services in workers' compensation cases  
1530 shall be filed not later than one year from the date the initial payment  
1531 for services was remitted, regardless of the date such services were  
1532 provided, unless any applicable law, rule or regulation establishes a  
1533 shorter time frame, and shall be settled by the commissioner in  
1534 accordance with this chapter.

1535 (2) Commencing ninety days after the formulas established by the  
1536 chairman of the Workers' Compensation Commission have been  
1537 published pursuant to subsection (e) of this section, unless the employer  
1538 and hospital or ambulatory surgical center have otherwise negotiated to  
1539 determine the liability of the employer for hospital or ambulatory  
1540 surgical center services required by this section, the liability of the  
1541 employer for hospital or ambulatory surgical center services shall be:  
1542 (A) If such services are covered by Medicare, limited to the

1543 reimbursements listed in such formulas published pursuant to  
1544 subsection (e) of this section, or (B) if such services are not covered by  
1545 Medicare, determined by the chairman, in consultation with employers  
1546 and their insurance carriers, self-insured employers, hospitals,  
1547 ambulatory surgical centers, third-party reimbursement organizations  
1548 and other entities as deemed necessary by the Workers' Compensation  
1549 Commission.

1550 (e) Not later than January 1, 2015, the chairman of the Workers'  
1551 Compensation Commission shall, in consultation with employers and  
1552 their insurance carriers, self-insured employers, hospitals, ambulatory  
1553 surgical centers, third-party reimbursement organizations and other  
1554 entities as deemed necessary by the Workers' Compensation  
1555 Commission, establish and publish Medicare-based formulas, when  
1556 available, to set the liability of employers for hospital and ambulatory  
1557 surgical center services required by this section that are covered by  
1558 Medicare. After the initial publication of such formulas, the chairman  
1559 shall publish such formulas on each January first thereafter.

1560 (f) If the employer fails to promptly provide a physician, surgeon,  
1561 physician assistant or advanced practice registered nurse or any medical  
1562 and surgical aid or hospital and nursing service as required by this  
1563 section, the injured employee may obtain a physician, surgeon,  
1564 physician assistant or advanced practice registered nurse, selected from  
1565 the approved list prepared by the chairman, or such medical and  
1566 surgical aid or hospital and nursing service at the expense of the  
1567 employer.

1568 Sec. 58. Section 31-294i of the general statutes is repealed and the  
1569 following is substituted in lieu thereof (*Effective October 1, 2021*):

1570 For the purpose of adjudication of claims for payment of benefits  
1571 under the provisions of this chapter to a uniformed member of a paid  
1572 municipal fire department or a regular member of a paid municipal  
1573 police department or constable who began such employment on or after  
1574 July 1, 1996, any condition or impairment of health caused by a cardiac



1575 emergency occurring to such member on or after July 1, 2009, while such  
1576 member is in training for or engaged in fire duty at the site of an accident  
1577 or fire, or other public safety operation within the scope of such  
1578 member's employment for such member's municipal employer that  
1579 results in death or temporary or permanent total or partial disability,  
1580 shall be presumed to have been suffered in the line of duty and within  
1581 the scope of such member's employment, unless the contrary is shown  
1582 by a preponderance of the evidence, provided such member  
1583 successfully passed a physical examination on entry into service  
1584 conducted by a licensed physician, physician assistant or advanced  
1585 practice registered nurse designated by such department which  
1586 examination failed to reveal any evidence of such condition. For the  
1587 purposes of this section, "cardiac emergency" means cardiac arrest or  
1588 myocardial infarction, and "constable" means any municipal law  
1589 enforcement officer who is authorized to make arrests and has  
1590 completed Police Officer Standards and Training Council certification  
1591 pursuant to section 7-294a.

1592 Sec. 59. Subsection (a) of section 31-308 of the general statutes is  
1593 repealed and the following is substituted in lieu thereof (*Effective October*  
1594 *1, 2021*):

1595 (a) If any injury for which compensation is provided under the  
1596 provisions of this chapter results in partial incapacity, the injured  
1597 employee shall be paid a weekly compensation equal to seventy-five per  
1598 cent of the difference between the wages currently earned by an  
1599 employee in a position comparable to the position held by the injured  
1600 employee before his injury, after such wages have been reduced by any  
1601 deduction for federal or state taxes, or both, and for the federal  
1602 Insurance Contributions Act in accordance with section 31-310, and the  
1603 amount he is able to earn after the injury, after such amount has been  
1604 reduced by any deduction for federal or state taxes, or both, and for the  
1605 federal Insurance Contributions Act in accordance with section 31-310,  
1606 except that when (1) the physician, physician assistant or [the] advanced  
1607 practice registered nurse attending an injured employee certifies that  
1608 the employee is unable to perform his usual work but is able to perform

1609 other work, (2) the employee is ready and willing to perform other work  
1610 in the same locality and (3) no other work is available, the employee  
1611 shall be paid his full weekly compensation subject to the provisions of  
1612 this section. Compensation paid under this subsection shall not be more  
1613 than one hundred per cent, raised to the next even dollar, of the average  
1614 weekly earnings of production and related workers in manufacturing in  
1615 the state, as determined in accordance with the provisions of section 31-  
1616 309, and shall continue during the period of partial incapacity, but no  
1617 longer than five hundred twenty weeks. If the employer procures  
1618 employment for an injured employee that is suitable to his capacity, the  
1619 wages offered in such employment shall be taken as the earning  
1620 capacity of the injured employee during the period of the employment.

1621 Sec. 60. Subdivision (1) of subsection (a) of section 38a-457 of the  
1622 general statutes is repealed and the following is substituted in lieu  
1623 thereof (*Effective October 1, 2021*):

1624 (1) "Accelerated benefits" means benefits payable under a life  
1625 insurance policy sold in this state: (A) During the lifetime of the insured,  
1626 in a lump sum or in periodic payments, as specified in the policy, (B)  
1627 upon the occurrence of a qualifying event, as defined in the policy, and  
1628 certified by a physician, a physician assistant or an advanced practice  
1629 registered nurse who is licensed under the laws of a state or territory of  
1630 the United States, or such other foreign or domestic jurisdiction as the  
1631 Insurance Commissioner may approve, and (C) which reduce the death  
1632 benefits otherwise payable under the life insurance policy.

1633 Sec. 61. Section 38a-465g of the general statutes is repealed and the  
1634 following is substituted in lieu thereof (*Effective October 1, 2021*):

1635 (a) Before entering into a life settlement contract with any owner of a  
1636 policy wherein the insured is terminally ill or chronically ill, a provider  
1637 shall obtain:

1638 (1) If the owner is the insured, a written statement from a licensed  
1639 attending physician, physician assistant or [an] advanced practice  
1640 registered nurse that the owner is of sound mind and under no

1641 constraint or undue influence to enter into the settlement contract; and

1642 (2) A document in which the insured consents to the release of the  
1643 insured's medical records to a provider, broker or insurance producer,  
1644 and, if the policy was issued less than two years from the date of  
1645 application for a settlement contract, to the insurance company that  
1646 issued the policy.

1647 (b) The insurer shall respond to a request for verification of coverage  
1648 submitted by a provider, broker or life insurance producer on a form  
1649 approved by the commissioner not later than thirty calendar days after  
1650 the date the request was received. The insurer shall complete and issue  
1651 the verification of coverage or indicate in which respects it is unable to  
1652 respond. In its response, the insurer shall indicate whether, based on the  
1653 medical evidence and documents provided, the insurer intends to  
1654 pursue an investigation regarding the validity of the policy.

1655 (c) Prior to or at the time of execution of the settlement contract, the  
1656 provider shall obtain a witnessed document in which the owner  
1657 consents to the settlement contract, represents that the owner has a full  
1658 and complete understanding of the settlement contract, that the owner  
1659 has a full and complete understanding of the benefits of the policy,  
1660 acknowledges that the owner is entering into the settlement contract  
1661 freely and voluntarily and, for persons with a terminal or chronic illness  
1662 or condition, acknowledges that the insured has a terminal or chronic  
1663 illness or condition and that the terminal or chronic illness or condition  
1664 was diagnosed after the life insurance policy was issued.

1665 (d) If a broker or life insurance producer performs any of the activities  
1666 required of the provider under this section, the provider shall be  
1667 deemed to have fulfilled the requirements of this section.

1668 (e) The insurer shall not unreasonably delay effecting change of  
1669 ownership or beneficiary with any life settlement contract lawfully  
1670 entered into in this state or with a resident of this state.

1671 (f) Not later than twenty days after an owner executes the life

1672 settlement contract, the provider shall give written notice to the insurer  
1673 that issued the policy that the policy has become subject to a life  
1674 settlement contract. The notice shall be accompanied by a copy of the  
1675 medical records release required under subdivision (2) of subsection (a)  
1676 of this section and a copy of the insured's application for the life  
1677 settlement contract.

1678 (g) All medical information solicited or obtained by any person  
1679 licensed pursuant to this part shall be subject to applicable provisions of  
1680 law relating to the confidentiality of medical information.

1681 (h) Each life settlement contract entered into in this state shall provide  
1682 that the owner may rescind the contract not later than fifteen days from  
1683 the date it is executed by all parties thereto. Such rescission exercised by  
1684 the owner shall be effective only if both notice of rescission is given to  
1685 the provider and the owner repays all proceeds and any premiums,  
1686 loans and loan interest paid by the provider within the rescission period.  
1687 A failure to provide written notice of the right of rescission shall toll the  
1688 period of such right until thirty days after the written notice of the right  
1689 of rescission has been given. If the insured dies during the rescission  
1690 period, the contract shall be deemed to have been rescinded, subject to  
1691 repayment by the owner or the owner's estate of all proceeds and any  
1692 premiums, loans and loan interest to the provider.

1693 (i) Not later than three business days after the date the provider  
1694 receives the documents from the owner to effect the transfer of the  
1695 insurance policy, the provider shall pay or transfer the proceeds of the  
1696 settlement into an escrow or trust account managed by a trustee or  
1697 escrow agent in a state or federally chartered financial institution whose  
1698 deposits are insured by the Federal Deposit Insurance Corporation. Not  
1699 later than three business days after receiving acknowledgment of the  
1700 transfer of the insurance policy from the issuer of the policy, said trustee  
1701 or escrow agent shall pay the settlement proceeds to the owner.

1702 (j) Failure to tender the life settlement contract proceeds to the owner  
1703 within the time set forth in section 38a-465f shall render the viatical

1704 settlement contract voidable by the owner for lack of consideration until  
1705 the time such consideration is tendered to, and accepted by, the owner.

1706 (k) Any fee paid by a provider, party, individual or an owner to a  
1707 broker in exchange for services provided to the owner pertaining to a  
1708 life settlement contract shall be computed as a percentage of the offer  
1709 obtained and not as a percentage of the face value of the policy. Nothing  
1710 in this section shall be construed to prohibit a broker from reducing such  
1711 broker's fee below such percentage.

1712 (l) Each broker shall disclose to the owner anything of value paid or  
1713 given to such broker in connection with a life settlement contract  
1714 concerning the owner.

1715 (m) No person at any time prior to, or at the time of, the application  
1716 for or issuance of a policy, or during a two-year period commencing  
1717 with the date of issuance of the policy, shall enter into a life settlement  
1718 contract regardless of the date the compensation is to be provided and  
1719 regardless of the date the assignment, transfer, sale, devise, bequest or  
1720 surrender of the policy is to occur. This prohibition shall not apply if the  
1721 owner certifies to the provider that:

1722 (1) The policy was issued upon the owner's exercise of conversion  
1723 rights arising out of a group or individual policy, provided the total of  
1724 the time covered under the conversion policy plus the time covered  
1725 under the prior policy is not less than twenty-four months. The time  
1726 covered under a group policy shall be calculated without regard to a  
1727 change in insurance carriers, provided the coverage has been  
1728 continuous and under the same group sponsorship; or

1729 (2) The owner submits independent evidence to the provider that one  
1730 or more of the following conditions have been met within said two-year  
1731 period: (A) The owner or insured is terminally ill or chronically ill; (B)  
1732 the owner or insured disposes of the owner or insured's ownership  
1733 interests in a closely held corporation, pursuant to the terms of a buyout  
1734 or other similar agreement in effect at the time the insurance policy was  
1735 initially issued; (C) the owner's spouse dies; (D) the owner divorces his

1736 or her spouse; (E) the owner retires from full-time employment; (F) the  
1737 owner has a physical or mental disability and a physician, a physician  
1738 assistant or an advanced practice registered nurse determines that the  
1739 disability prevents the owner from maintaining full-time employment;  
1740 or (G) a final order, judgment or decree is entered by a court of  
1741 competent jurisdiction on the application of a creditor of the owner,  
1742 adjudicating the owner bankrupt or insolvent, or approving a petition  
1743 seeking reorganization of the owner or appointing a receiver, trustee or  
1744 liquidator to all or a substantial part of the owner's assets.

1745 (n) Copies of the independent evidence required by subdivision (2)  
1746 of subsection (m) of this section shall be submitted to the insurer when  
1747 the provider submits a request to the insurer for verification of coverage.  
1748 The copies shall be accompanied by a letter of attestation from the  
1749 provider that the copies are true and correct copies of the documents  
1750 received by the provider. Nothing in this section shall prohibit an  
1751 insurer from exercising its right to contest the validity of any policy.

1752 (o) If, at the time the provider submits a request to the insurer to effect  
1753 the transfer of the policy to the provider, the provider submits a copy of  
1754 independent evidence of subparagraph (A) of subdivision (2) of  
1755 subsection (m) of this section, such copy shall be deemed to establish  
1756 that the settlement contract satisfies the requirements of this section.

1757 Sec. 62. Subsection (a) of section 38a-489 of the general statutes is  
1758 repealed and the following is substituted in lieu thereof (*Effective October*  
1759 *1, 2021*):

1760 (a) Each individual health insurance policy providing coverage of the  
1761 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section  
1762 38a-469, delivered, issued for delivery, renewed, amended or continued  
1763 in this state that provides that coverage of a dependent child shall  
1764 terminate upon attainment of the limiting age for dependent children  
1765 specified in the policy shall also provide in substance that attainment of  
1766 the limiting age shall not operate to terminate the coverage of the child  
1767 if at such date the child is and continues thereafter to be both (1)

1768 incapable of self-sustaining employment by reason of mental or physical  
1769 handicap, as certified by the child's physician, physician assistant or  
1770 advanced practice registered nurse on a form provided by the insurer,  
1771 hospital service corporation, medical service corporation or health care  
1772 center, and (2) chiefly dependent upon the policyholder or subscriber  
1773 for support and maintenance.

1774 Sec. 63. Subsection (b) of section 38a-492e of the general statutes is  
1775 repealed and the following is substituted in lieu thereof (*Effective October*  
1776 *1, 2021*):

1777 (b) Benefits shall cover: (1) Initial training visits provided to an  
1778 individual after the individual is initially diagnosed with diabetes that  
1779 is medically necessary for the care and management of diabetes,  
1780 including, but not limited to, counseling in nutrition and the proper use  
1781 of equipment and supplies for the treatment of diabetes, totaling a  
1782 maximum of ten hours; (2) training and education that is medically  
1783 necessary as a result of a subsequent diagnosis by a physician, a  
1784 physician assistant or an advanced practice registered nurse of a  
1785 significant change in the individual's symptoms or condition which  
1786 requires modification of the individual's program of self-management  
1787 of diabetes, totaling a maximum of four hours; and (3) training and  
1788 education that is medically necessary because of the development of  
1789 new techniques and treatment for diabetes totaling a maximum of four  
1790 hours.

1791 Sec. 64. Section 38a-492m of the general statutes is repealed and the  
1792 following is substituted in lieu thereof (*Effective October 1, 2021*):

1793 Each individual health insurance policy providing coverage of the  
1794 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
1795 delivered, issued for delivery, amended, renewed or continued in this  
1796 state that provides coverage for prescription eye drops, shall not deny  
1797 coverage for a renewal of prescription eye drops when (1) the renewal  
1798 is requested by the insured less than thirty days from the later of (A) the  
1799 date the original prescription was distributed to the insured, or (B) the

1800 date the last renewal of such prescription was distributed to the insured,  
1801 and (2) the prescribing physician, prescribing physician assistant,  
1802 prescribing advanced practice registered nurse or prescribing  
1803 optometrist indicates on the original prescription that additional  
1804 quantities are needed and the renewal requested by the insured does  
1805 not exceed the number of additional quantities needed.

1806 Sec. 65. Subsections (b) to (e), inclusive, of section 38a-493 of the  
1807 general statutes are repealed and the following is substituted in lieu  
1808 thereof (*Effective October 1, 2021*):

1809 (b) For the purposes of this section and section 38a-494:

1810 (1) "Hospital" means an institution that is primarily engaged in  
1811 providing, by or under the supervision of physicians, to inpatients (A)  
1812 diagnostic, surgical and therapeutic services for medical diagnosis,  
1813 treatment and care of persons who have an injury, sickness or disability,  
1814 or (B) medical rehabilitation services for the rehabilitation of persons  
1815 who have an injury, sickness or disability. "Hospital" does not include a  
1816 residential care home, nursing home, rest home or alcohol or drug  
1817 treatment facility, as defined in section 19a-490;

1818 (2) "Home health care" means the continued care and treatment of a  
1819 covered person who is under the care of a physician, a physician  
1820 assistant or an advanced practice registered nurse but only if (A)  
1821 continued hospitalization would otherwise have been required if home  
1822 health care was not provided, except in the case of a covered person  
1823 diagnosed by a physician, a physician assistant or an advanced practice  
1824 registered nurse as terminally ill with a prognosis of six months or less  
1825 to live, and (B) the plan covering the home health care is established and  
1826 approved in writing by such physician, physician assistant or advanced  
1827 practice registered nurse within seven days following termination of a  
1828 hospital confinement as a resident inpatient for the same or a related  
1829 condition for which the covered person was hospitalized, except that in  
1830 the case of a covered person diagnosed by a physician, a physician  
1831 assistant or an advanced practice registered nurse as terminally ill with



1832 a prognosis of six months or less to live, such plan may be so established  
1833 and approved at any time irrespective of whether such covered person  
1834 was so confined or, if such covered person was so confined, irrespective  
1835 of such seven-day period, and (C) such home health care is commenced  
1836 within seven days following discharge, except in the case of a covered  
1837 person diagnosed by a physician, a physician assistant or an advanced  
1838 practice registered nurse as terminally ill with a prognosis of six months  
1839 or less to live;

1840 (3) "Home health agency" means an agency or organization that  
1841 meets each of the following requirements: (A) It is primarily engaged in  
1842 and is federally certified as a home health agency and duly licensed, if  
1843 such licensing is required, by the appropriate licensing authority, to  
1844 provide nursing and other therapeutic services; (B) its policies are  
1845 established by a professional group associated with such agency or  
1846 organization, including at least one physician, physician assistant or  
1847 advanced practice registered nurse and at least one registered nurse, to  
1848 govern the services provided; (C) it provides for full-time supervision  
1849 of such services by a physician, a physician assistant, an advanced  
1850 practice registered nurse or a registered nurse; (D) it maintains a  
1851 complete medical record on each patient; and (E) it has an administrator;  
1852 and

1853 (4) "Medical social services" means services rendered, under the  
1854 direction of a physician, a physician assistant or an advanced practice  
1855 registered nurse, by a qualified social worker holding a master's degree  
1856 from an accredited school of social work, including, but not limited to,  
1857 (A) assessment of the social, psychological and family problems related  
1858 to or arising out of such covered person's illness and treatment, (B)  
1859 appropriate action and utilization of community resources to assist in  
1860 resolving such problems, and (C) participation in the development of  
1861 the overall plan of treatment for such covered person.

1862 (c) Home health care shall be provided by a home health agency.

1863 (d) Home health care shall consist of, but shall not be limited to, the

1864 following: (1) Part-time or intermittent nursing care by a registered  
1865 nurse or by a licensed practical nurse under the supervision of a  
1866 registered nurse, if the services of a registered nurse are not available;  
1867 (2) part-time or intermittent home health aide services, consisting  
1868 primarily of patient care of a medical or therapeutic nature by other than  
1869 a registered or licensed practical nurse; (3) physical, occupational or  
1870 speech therapy; (4) medical supplies, drugs and medicines prescribed  
1871 by a physician, a physician assistant or an advanced practice registered  
1872 nurse [or physician assistant] and laboratory services to the extent such  
1873 charges would have been covered under the policy or contract if the  
1874 covered person had remained or had been confined in the hospital; (5)  
1875 medical social services provided to or for the benefit of a covered person  
1876 diagnosed by a physician, a physician assistant or an advanced practice  
1877 registered nurse as terminally ill with a prognosis of six months or less  
1878 to live.

1879 (e) The policy may contain a limitation on the number of home health  
1880 care visits for which benefits are payable, but the number of such visits  
1881 shall not be less than eighty in any calendar year or in any continuous  
1882 period of twelve months for each person covered under a policy or  
1883 contract, except in the case of a covered person diagnosed by a  
1884 physician, a physician assistant or an advanced practice registered nurse  
1885 as terminally ill with a prognosis of six months or less to live, the yearly  
1886 benefit for medical social services shall not exceed two hundred dollars.  
1887 Each visit by a representative of a home health agency shall be  
1888 considered as one home health care visit and four hours of home health  
1889 aide service shall be considered as one home health care visit.

1890 Sec. 66. Subsections (c) to (e), inclusive, of section 38a-495 of the  
1891 general statutes are repealed and the following is substituted in lieu  
1892 thereof (*Effective October 1, 2021*):

1893 (c) Each Medicare supplement policy shall provide coverage for  
1894 home health aide services for each individual covered under the policy  
1895 when such services are not paid for by Medicare, provided (1) such  
1896 services are provided by a certified home health aide employed by a

1897 home health care agency licensed pursuant to sections 19a-490 to 19a-  
1898 503, inclusive, and (2) the individual's physician, physician assistant or  
1899 advanced practice registered nurse has certified, in writing, that such  
1900 services are medically necessary. The policy shall not be required to  
1901 provide benefits in excess of five hundred dollars per year for such  
1902 services. No deductible or coinsurance provisions may be applicable to  
1903 such benefits. If two or more Medicare supplement policies are issued  
1904 to the same individual by the same insurer, such coverage for home  
1905 health aide services shall be included in only one such policy.  
1906 Notwithstanding the provisions of subsection (g) of this section, the  
1907 provisions of this subsection shall apply with respect to any Medicare  
1908 supplement policy delivered, issued for delivery, continued or renewed  
1909 in this state on or after October 1, 1986.

1910 (d) Whenever a Medicare supplement policy provides coverage for  
1911 the cost of prescription drugs prescribed after the hospitalization of the  
1912 insured, outpatient surgical procedures performed on the insured in  
1913 any licensed hospital shall constitute "hospitalization" for purposes of  
1914 such prescription drug coverage in such policy.

1915 (e) Notwithstanding the provisions of subsection (g) of this section,  
1916 each Medicare supplement policy delivered, issued for delivery,  
1917 continued or renewed in this state on or after October 1, 1988, shall  
1918 provide benefits, to any woman covered under the policy, for  
1919 mammographic examinations every year, or more frequently if  
1920 recommended by the woman's physician, physician assistant or  
1921 advanced practice registered nurse, when such examinations are not  
1922 paid for by Medicare.

1923 Sec. 67. Subdivision (1) of subsection (a) of section 38a-496 of the  
1924 general statutes is repealed and the following is substituted in lieu  
1925 thereof (*Effective October 1, 2021*):

1926 (1) "Occupational therapy" means services provided by a licensed  
1927 occupational therapist in accordance with a plan of care established and  
1928 approved in writing by a physician licensed in accordance with the

1929 provisions of chapter 370, a physician assistant licensed in accordance  
1930 with the provisions of chapter 370 or an advanced practice registered  
1931 nurse licensed in accordance with the provisions of chapter 378, who  
1932 has certified that the prescribed care and treatment are not available  
1933 from sources other than a licensed occupational therapist and which are  
1934 provided in private practice or in a licensed health care facility. Such  
1935 plan shall be reviewed and certified at least every two months by such  
1936 physician, physician assistant or advanced practice registered nurse.

1937 Sec. 68. Subsections (b) to (d), inclusive, of section 38a-503 of the  
1938 general statutes are repealed and the following is substituted in lieu  
1939 thereof (*Effective October 1, 2021*):

1940 (b) (1) Each individual health insurance policy providing coverage of  
1941 the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section  
1942 38a-469 delivered, issued for delivery, renewed, amended or continued  
1943 in this state shall provide benefits for mammograms to any woman  
1944 covered under the policy that are at least equal to the following  
1945 minimum requirements: (A) A baseline mammogram, which may be  
1946 provided by breast tomosynthesis at the option of the woman covered  
1947 under the policy, for any woman who is thirty-five to thirty-nine years  
1948 of age, inclusive; and (B) a mammogram, which may be provided by  
1949 breast tomosynthesis at the option of the woman covered under the  
1950 policy, every year for any woman who is forty years of age or older.

1951 (2) Such policy shall provide additional benefits for:

1952 (A) Comprehensive ultrasound screening of an entire breast or  
1953 breasts if: (i) A mammogram demonstrates heterogeneous or dense  
1954 breast tissue based on the Breast Imaging Reporting and Data System  
1955 established by the American College of Radiology; (ii) a woman is  
1956 believed to be at increased risk for breast cancer due to (I) family history  
1957 or prior personal history of breast cancer, (II) positive genetic testing, or  
1958 (III) other indications as determined by a woman's physician, physician  
1959 assistant or advanced practice registered nurse; or (iii) such screening is  
1960 recommended by a woman's treating physician for a woman who (I) is

1961 forty years of age or older, (II) has a family history or prior personal  
1962 history of breast cancer, or (III) has a prior personal history of breast  
1963 disease diagnosed through biopsy as benign; and

1964 (B) Magnetic resonance imaging of an entire breast or breasts in  
1965 accordance with guidelines established by the American Cancer Society.

1966 (c) Benefits under this section shall be subject to any policy provisions  
1967 that apply to other services covered by such policy, except that no such  
1968 policy shall impose a coinsurance, copayment, deductible or other out-  
1969 of-pocket expense for such benefits. The provisions of this subsection  
1970 shall apply to a high deductible health plan, as that term is used in  
1971 subsection (f) of section 38a-493, to the maximum extent permitted by  
1972 federal law, except if such plan is used to establish a medical savings  
1973 account or an Archer MSA pursuant to Section 220 of the Internal  
1974 Revenue Code of 1986 or any subsequent corresponding internal  
1975 revenue code of the United States, as amended from time to time, or a  
1976 health savings account pursuant to Section 223 of said Internal Revenue  
1977 Code, as amended from time to time, the provisions of this subsection  
1978 shall apply to such plan to the maximum extent that (1) is permitted by  
1979 federal law, and (2) does not disqualify such account for the deduction  
1980 allowed under said Section 220 or 223, as applicable.

1981 (d) Each mammography report provided to a patient shall include  
1982 information about breast density, based on the Breast Imaging  
1983 Reporting and Data System established by the American College of  
1984 Radiology. Where applicable, such report shall include the following  
1985 notice: "If your mammogram demonstrates that you have dense breast  
1986 tissue, which could hide small abnormalities, you might benefit from  
1987 supplementary screening tests, which can include a breast ultrasound  
1988 screening or a breast MRI examination, or both, depending on your  
1989 individual risk factors. A report of your mammography results, which  
1990 contains information about your breast density, has been sent to your  
1991 physician's, physician assistant's or advanced practice registered nurse's  
1992 office and you should contact your physician, physician assistant or  
1993 advanced practice registered nurse if you have any questions or

1994 concerns about this report."

1995 Sec. 69. Subsection (a) of section 38a-515 of the general statutes is  
1996 repealed and the following is substituted in lieu thereof (*Effective October*  
1997 *1, 2021*):

1998 (a) Each group health insurance policy providing coverage of the type  
1999 specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469  
2000 delivered, issued for delivery, renewed, amended or continued in this  
2001 state that provides that coverage of a dependent child of an employee  
2002 or other member of the covered group shall terminate upon attainment  
2003 of the limiting age for dependent children specified in the policy shall  
2004 also provide in substance that attainment of the limiting age shall not  
2005 operate to terminate the coverage of the child if at such date the child is  
2006 and continues thereafter to be both (1) incapable of self-sustaining  
2007 employment by reason of mental or physical handicap, as certified by  
2008 the child's physician, physician assistant or advanced practice registered  
2009 nurse on a form provided by the insurer, hospital service corporation,  
2010 medical service corporation or health care center, and (2) chiefly  
2011 dependent upon such employee or member for support and  
2012 maintenance.

2013 Sec. 70. Subsection (b) of section 38a-518e of the general statutes is  
2014 repealed and the following is substituted in lieu thereof (*Effective October*  
2015 *1, 2021*):

2016 (b) Benefits shall cover: (1) Initial training visits provided to an  
2017 individual after the individual is initially diagnosed with diabetes that  
2018 is medically necessary for the care and management of diabetes,  
2019 including, but not limited to, counseling in nutrition and the proper use  
2020 of equipment and supplies for the treatment of diabetes, totaling a  
2021 maximum of ten hours; (2) training and education that is medically  
2022 necessary as a result of a subsequent diagnosis by a physician, a  
2023 physician assistant or an advanced practice registered nurse of a  
2024 significant change in the individual's symptoms or condition which  
2025 requires modification of the individual's program of self-management

2026 of diabetes, totaling a maximum of four hours; and (3) training and  
2027 education that is medically necessary because of the development of  
2028 new techniques and treatment for diabetes totaling a maximum of four  
2029 hours.

2030 Sec. 71. Section 38a-518l of the general statutes is repealed and the  
2031 following is substituted in lieu thereof (*Effective October 1, 2021*):

2032 Each group health insurance policy providing coverage of the type  
2033 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2034 delivered, issued for delivery, amended, renewed or continued in this  
2035 state that provides coverage for prescription eye drops, shall not deny  
2036 coverage for a renewal of prescription eye drops when (1) the renewal  
2037 is requested by the insured less than thirty days from the later of (A) the  
2038 date the original prescription was distributed to the insured, or (B) the  
2039 date the last renewal of such prescription was distributed to the insured,  
2040 and (2) the prescribing physician, prescribing physician assistant,  
2041 prescribing advanced practice registered nurse or prescribing  
2042 optometrist indicates on the original prescription that additional  
2043 quantities are needed and the renewal requested by the insured does  
2044 not exceed the number of additional quantities needed.

2045 Sec. 72. Subsections (b) to (e), inclusive, of section 38a-520 of the  
2046 general statutes are repealed and the following is substituted in lieu  
2047 thereof (*Effective October 1, 2021*):

2048 (b) For the purposes of this section and section 38a-494:

2049 (1) "Hospital" means an institution that is primarily engaged in  
2050 providing, by or under the supervision of physicians, to inpatients (A)  
2051 diagnostic, surgical and therapeutic services for medical diagnosis,  
2052 treatment and care of persons who have an injury, sickness or disability,  
2053 or (B) medical rehabilitation services for the rehabilitation of persons  
2054 who have an injury, sickness or disability. "Hospital" does not include a  
2055 residential care home, nursing home, rest home or alcohol or drug  
2056 treatment facility, as defined in section 19a-490;

2057 (2) "Home health care" means the continued care and treatment of a  
2058 covered person who is under the care of a physician, a physician  
2059 assistant or an advanced practice registered nurse but only if (A)  
2060 continued hospitalization would otherwise have been required if home  
2061 health care was not provided, except in the case of a covered person  
2062 diagnosed by a physician, a physician assistant or an advanced practice  
2063 registered nurse as terminally ill with a prognosis of six months or less  
2064 to live, and (B) the plan covering the home health care is established and  
2065 approved in writing by such physician, physician assistant or advanced  
2066 practice registered nurse within seven days following termination of a  
2067 hospital confinement as a resident inpatient for the same or a related  
2068 condition for which the covered person was hospitalized, except that in  
2069 the case of a covered person diagnosed by a physician, a physician  
2070 assistant or an advanced practice registered nurse as terminally ill with  
2071 a prognosis of six months or less to live, such plan may be so established  
2072 and approved at any time irrespective of whether such covered person  
2073 was so confined or, if such covered person was so confined, irrespective  
2074 of such seven-day period, and (C) such home health care is commenced  
2075 within seven days following discharge, except in the case of a covered  
2076 person diagnosed by a physician, a physician assistant or an advanced  
2077 practice registered nurse as terminally ill with a prognosis of six months  
2078 or less to live;

2079 (3) "Home health agency" means an agency or organization that  
2080 meets each of the following requirements: (A) It is primarily engaged in  
2081 and is federally certified as a home health agency and duly licensed, if  
2082 such licensing is required, by the appropriate licensing authority, to  
2083 provide nursing and other therapeutic services; (B) its policies are  
2084 established by a professional group associated with such agency or  
2085 organization, including at least one physician, physician assistant or  
2086 advanced practice registered nurse and at least one registered nurse, to  
2087 govern the services provided; (C) it provides for full-time supervision  
2088 of such services by a physician, a physician assistant, an advanced  
2089 practice registered nurse or a registered nurse; (D) it maintains a  
2090 complete medical record on each patient; and (E) it has an administrator;



2091 and

2092 (4) "Medical social services" means services rendered, under the  
2093 direction of a physician, a physician assistant or an advanced practice  
2094 registered nurse, by a qualified social worker holding a master's degree  
2095 from an accredited school of social work, including, but not limited to,  
2096 (A) assessment of the social, psychological and family problems related  
2097 to or arising out of such covered person's illness and treatment, (B)  
2098 appropriate action and utilization of community resources to assist in  
2099 resolving such problems, and (C) participation in the development of  
2100 the overall plan of treatment for such covered person.

2101 (c) Home health care shall be provided by a home health agency.

2102 (d) Home health care shall consist of, but shall not be limited to, the  
2103 following: (1) Part-time or intermittent nursing care by a registered  
2104 nurse or by a licensed practical nurse under the supervision of a  
2105 registered nurse, if the services of a registered nurse are not available;  
2106 (2) part-time or intermittent home health aide services, consisting  
2107 primarily of patient care of a medical or therapeutic nature by other than  
2108 a registered or licensed practical nurse; (3) physical, occupational or  
2109 speech therapy; (4) medical supplies, drugs and medicines prescribed  
2110 by a physician, a physician assistant or an advanced practice registered  
2111 nurse [or a physician assistant] and laboratory services to the extent  
2112 such charges would have been covered under the policy or contract if  
2113 the covered person had remained or had been confined in the hospital;  
2114 (5) medical social services provided to or for the benefit of a covered  
2115 person diagnosed by a physician, a physician assistant or an advanced  
2116 practice registered nurse as terminally ill with a prognosis of six months  
2117 or less to live.

2118 (e) The policy may contain a limitation on the number of home health  
2119 care visits for which benefits are payable, but the number of such visits  
2120 shall not be less than eighty in any calendar year or in any continuous  
2121 period of twelve months for each person covered under a policy, except  
2122 in the case of a covered person diagnosed by a physician, a physician

2123 assistant or an advanced practice registered nurse as terminally ill with  
2124 a prognosis of six months or less to live, the yearly benefit for medical  
2125 social services shall not exceed two hundred dollars. Each visit by a  
2126 representative of a home health agency shall be considered as one home  
2127 health care visit and four hours of home health aide service shall be  
2128 considered as one home health care visit.

2129 Sec. 73. Subsections (c) to (e), inclusive, of section 38a-522 of the  
2130 general statutes are repealed and the following is substituted in lieu  
2131 thereof (*Effective October 1, 2021*):

2132 (c) Each Medicare supplement policy shall provide coverage for  
2133 home health aide services for each individual covered under the policy  
2134 when such services are not paid for by Medicare, provided (1) such  
2135 services are provided by a certified home health aide employed by a  
2136 home health care agency licensed pursuant to sections 19a-490 to 19a-  
2137 503, inclusive, and (2) the individual's physician, physician assistant or  
2138 advanced practice registered nurse has certified, in writing, that such  
2139 services are medically necessary. The policy shall not be required to  
2140 provide benefits in excess of five hundred dollars per year for such  
2141 services. No deductible or coinsurance provisions may be applicable to  
2142 such benefits. If two or more Medicare supplement policies are issued  
2143 to the same individual by the same insurer, such coverage for home  
2144 health aide services shall be included in only one such policy.  
2145 Notwithstanding the provisions of subsection (g) of this section, the  
2146 provisions of this subsection shall apply with respect to any Medicare  
2147 supplement policy delivered, issued for delivery, continued or renewed  
2148 in this state on or after October 1, 1986.

2149 (d) Whenever a Medicare supplement policy provides coverage for  
2150 the cost of prescription drugs prescribed after the hospitalization of the  
2151 insured, outpatient surgical procedures performed on the insured in  
2152 any licensed hospital shall constitute "hospitalization" for purposes of  
2153 such prescription drug coverage in such policy.

2154 (e) Notwithstanding the provisions of subsection (g) of this section,

2155 each Medicare supplement policy delivered, issued for delivery,  
2156 continued or renewed in this state on or after October 1, 1988, shall  
2157 provide benefits, to any woman covered under the policy, for  
2158 mammographic examinations every year, or more frequently if  
2159 recommended by the woman's physician, physician assistant or  
2160 advanced practice registered nurse, when such examinations are not  
2161 paid for by Medicare.

2162 Sec. 74. Subdivision (1) of subsection (a) of section 38a-523 of the  
2163 general statutes is repealed and the following is substituted in lieu  
2164 thereof (*Effective October 1, 2021*):

2165 (1) "Comprehensive rehabilitation services" shall consist of the  
2166 following when provided in a comprehensive rehabilitation facility  
2167 pursuant to a plan of care approved in writing by a physician licensed  
2168 in accordance with the provisions of chapter 370, a physician assistant  
2169 licensed in accordance with the provisions of chapter 370 or an  
2170 advanced practice registered nurse licensed in accordance with the  
2171 provisions of chapter 378 and reviewed by such physician, physician  
2172 assistant or advanced practice registered nurse at least every thirty days  
2173 to determine that continuation of such services are medically necessary  
2174 for the rehabilitation of the patient: (A) Physician services, physical and  
2175 occupational therapy, nursing care, psychological and audiological  
2176 services and speech therapy provided by health care professionals who  
2177 are licensed by the appropriate state licensing authority to perform such  
2178 services; (B) social services by a social worker holding a master's degree  
2179 from an accredited school of social work; (C) respiratory therapy by a  
2180 certified respiratory therapist; (D) prescription drugs and medicines  
2181 which cannot be self-administered; (E) prosthetic and orthotic devices,  
2182 including the testing, fitting or instruction in the use of such devices; (F)  
2183 other supplies or services prescribed by a physician, a physician  
2184 assistant or an advanced practice registered nurse for the rehabilitation  
2185 of a patient and ordinarily furnished by a comprehensive rehabilitation  
2186 facility.

2187 Sec. 75. Section 38a-530 of the general statutes is repealed and the

2188 following is substituted in lieu thereof (*Effective October 1, 2021*):

2189 (a) For purposes of this section:

2190 (1) "Healthcare Common Procedure Coding System" or "HCPCS"  
2191 means the billing codes used by Medicare and overseen by the federal  
2192 Centers for Medicare and Medicaid Services that are based on the  
2193 current procedural technology codes developed by the American  
2194 Medical Association; and

2195 (2) "Mammogram" means mammographic examination or breast  
2196 tomosynthesis, including, but not limited to, a procedure with a HCPCS  
2197 code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067,  
2198 G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

2199 (b) (1) Each group health insurance policy providing coverage of the  
2200 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2201 delivered, issued for delivery, renewed, amended or continued in this  
2202 state shall provide benefits for mammograms to any woman covered  
2203 under the policy that are at least equal to the following minimum  
2204 requirements: (A) A baseline mammogram, which may be provided by  
2205 breast tomosynthesis at the option of the woman covered under the  
2206 policy, for any woman who is thirty-five to thirty-nine years of age,  
2207 inclusive; and (B) a mammogram, which may be provided by breast  
2208 tomosynthesis at the option of the woman covered under the policy,  
2209 every year for any woman who is forty years of age or older.

2210 (2) Such policy shall provide additional benefits for:

2211 (A) Comprehensive ultrasound screening of an entire breast or  
2212 breasts if: (i) A mammogram demonstrates heterogeneous or dense  
2213 breast tissue based on the Breast Imaging Reporting and Data System  
2214 established by the American College of Radiology; (ii) a woman is  
2215 believed to be at increased risk for breast cancer due to (I) family history  
2216 or prior personal history of breast cancer, (II) positive genetic testing, or  
2217 (III) other indications as determined by a woman's physician, physician  
2218 assistant or advanced practice registered nurse; or (iii) such screening is

2219 recommended by a woman's treating physician for a woman who (I) is  
2220 forty years of age or older, (II) has a family history or prior personal  
2221 history of breast cancer, or (III) has a prior personal history of breast  
2222 disease diagnosed through biopsy as benign; and

2223 (B) Magnetic resonance imaging of an entire breast or breasts in  
2224 accordance with guidelines established by the American Cancer Society.

2225 (c) Benefits under this section shall be subject to any policy provisions  
2226 that apply to other services covered by such policy, except that no such  
2227 policy shall impose a coinsurance, copayment, deductible or other out-  
2228 of-pocket expense for such benefits. The provisions of this subsection  
2229 shall apply to a high deductible health plan, as that term is used in  
2230 subsection (f) of section 38a-520, to the maximum extent permitted by  
2231 federal law, except if such plan is used to establish a medical savings  
2232 account or an Archer MSA pursuant to Section 220 of the Internal  
2233 Revenue Code of 1986 or any subsequent corresponding internal  
2234 revenue code of the United States, as amended from time to time, or a  
2235 health savings account pursuant to Section 223 of said Internal Revenue  
2236 Code, as amended from time to time, the provisions of this subsection  
2237 shall apply to such plan to the maximum extent that (1) is permitted by  
2238 federal law, and (2) does not disqualify such account for the deduction  
2239 allowed under said Section 220 or 223, as applicable.

2240 (d) Each mammography report provided to a patient shall include  
2241 information about breast density, based on the Breast Imaging  
2242 Reporting and Data System established by the American College of  
2243 Radiology. Where applicable, such report shall include the following  
2244 notice: "If your mammogram demonstrates that you have dense breast  
2245 tissue, which could hide small abnormalities, you might benefit from  
2246 supplementary screening tests, which can include a breast ultrasound  
2247 screening or a breast MRI examination, or both, depending on your  
2248 individual risk factors. A report of your mammography results, which  
2249 contains information about your breast density, has been sent to your  
2250 physician's, physician assistant's or advanced practice registered nurse's  
2251 office and you should contact your physician, physician assistant or

2252 advanced practice registered nurse if you have any questions or  
2253 concerns about this report."

2254 Sec. 76. Subdivision (1) of subsection (a) of section 38a-530f of the  
2255 general statutes is repealed and the following is substituted in lieu  
2256 thereof (*Effective October 1, 2021*):

2257 (a) (1) Except as provided in subdivision (2) of this subsection, each  
2258 group health insurance policy providing coverage of the type specified  
2259 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,  
2260 issued for delivery, renewed, amended or continued in this state shall  
2261 provide coverage for the following benefits and services:

2262 (A) Domestic and interpersonal violence screening and counseling  
2263 for any woman;

2264 (B) Tobacco use intervention and cessation counseling for any  
2265 woman who consumes tobacco;

2266 (C) Well-woman visits for any woman who is younger than sixty-five  
2267 years of age;

2268 (D) Breast cancer chemoprevention counseling for any woman who  
2269 is at increased risk for breast cancer due to family history or prior  
2270 personal history of breast cancer, positive genetic testing or other  
2271 indications as determined by such woman's physician, physician  
2272 assistant or advanced practice registered nurse;

2273 (E) Breast cancer risk assessment, genetic testing and counseling;

2274 (F) Chlamydia infection screening for any sexually-active woman;

2275 (G) Cervical and vaginal cancer screening for any sexually-active  
2276 woman;

2277 (H) Gonorrhea screening for any sexually-active woman;

2278 (I) Human immunodeficiency virus screening for any sexually-active  
2279 woman;

- 2280 (J) Human papillomavirus screening for any woman with normal  
2281 cytology results who is thirty years of age or older;
- 2282 (K) Sexually transmitted infections counseling for any sexually-active  
2283 woman;
- 2284 (L) Anemia screening for any pregnant woman and any woman who  
2285 is likely to become pregnant;
- 2286 (M) Folic acid supplements for any pregnant woman and any woman  
2287 who is likely to become pregnant;
- 2288 (N) Hepatitis B screening for any pregnant woman;
- 2289 (O) Rhesus incompatibility screening for any pregnant woman and  
2290 follow-up rhesus incompatibility testing for any pregnant woman who  
2291 is at increased risk for rhesus incompatibility;
- 2292 (P) Syphilis screening for any pregnant woman and any woman who  
2293 is at increased risk for syphilis;
- 2294 (Q) Urinary tract and other infection screening for any pregnant  
2295 woman;
- 2296 (R) Breastfeeding support and counseling for any pregnant or  
2297 breastfeeding woman;
- 2298 (S) Breastfeeding supplies, including, but not limited to, a breast  
2299 pump for any breastfeeding woman;
- 2300 (T) Gestational diabetes screening for any woman who is twenty-four  
2301 to twenty-eight weeks pregnant and any woman who is at increased risk  
2302 for gestational diabetes;
- 2303 (U) Osteoporosis screening for any woman who is sixty years of age  
2304 or older;
- 2305 (V) Such additional evidence-based items or services not described in  
2306 subparagraphs (A) to (U), inclusive, of this subdivision that receive a

2307 rating of "A" or "B" in any recommendations of the United States  
2308 Preventive Services Task Force effective after January 1, 2018; and

2309 (W) With respect to infants, children and adolescents, evidence-  
2310 informed preventive care and screenings provided for in the  
2311 comprehensive guidelines supported by the United States Health  
2312 Resources and Services Administration, as effective on January 1, 2018,  
2313 and such additional preventive care and screenings provided for in any  
2314 comprehensive guidelines supported by said administration and  
2315 effective after January 1, 2018.

2316 Sec. 77. Subsection (i) of section 47-88b of the general statutes is  
2317 repealed and the following is substituted in lieu thereof (*Effective October*  
2318 *1, 2021*):

2319 (i) After the conversion of a dwelling unit in a building to  
2320 condominium ownership, the declarant or unit owner, for the purpose  
2321 of determining if a lessee's eviction is prohibited under subsection (b) of  
2322 section 47a-23c, may ask any lessee to provide proof of the age,  
2323 blindness or physical disability of such lessee or any person residing  
2324 with him, or of the familial relationship existing between such lessee  
2325 and any person residing with him. The lessee shall provide such proof,  
2326 including, in the case of alleged physical disability, a statement of a  
2327 physician, a physician assistant or an advanced practice registered nurse  
2328 or, in the case of alleged blindness, a statement of a physician, an  
2329 advanced practice registered nurse or an optometrist, within thirty  
2330 days.

2331 Sec. 78. Subsection (d) of section 47a-23c of the general statutes is  
2332 repealed and the following is substituted in lieu thereof (*Effective October*  
2333 *1, 2021*):

2334 (d) A landlord, to determine whether a tenant is a protected tenant,  
2335 may request proof of such protected status. On such request, any tenant  
2336 claiming protection shall provide proof of the protected status within  
2337 thirty days. The proof shall include a statement of a physician, a  
2338 physician assistant or an advanced practice registered nurse in the case



2339 of alleged blindness or other physical disability.

2340 Sec. 79. Subsection (c) of section 51-217 of the general statutes is  
2341 repealed and the following is substituted in lieu thereof (*Effective October*  
2342 *1, 2021*):

2343 (c) The Jury Administrator shall have the authority to establish and  
2344 maintain a list of persons to be excluded from the summoning process,  
2345 which shall consist of (1) persons who are disqualified from serving on  
2346 jury duty on a permanent basis due to a disability for which a licensed  
2347 physician, a physician assistant or an advanced practice registered nurse  
2348 has submitted a letter stating the physician's, physician assistant's or  
2349 advanced practice registered nurse's opinion that such disability  
2350 permanently prevents the person from rendering satisfactory jury  
2351 service, (2) persons seventy years of age or older who have requested  
2352 not to be summoned, (3) elected officials enumerated in subdivision (4)  
2353 of subsection (a) of this section and judges enumerated in subdivision  
2354 (5) of subsection (a) of this section during their term of office, and (4)  
2355 persons excused from jury service pursuant to section 51-217a who have  
2356 not requested to be summoned for jury service pursuant to said section.  
2357 Persons requesting to be excluded pursuant to subdivisions (1) and (2)  
2358 of this subsection must provide the Jury Administrator with their  
2359 names, addresses, dates of birth and federal Social Security numbers for  
2360 use in matching. The request to be excluded may be rescinded at any  
2361 time with written notice to the Jury Administrator.

2362 Sec. 80. Subsection (b) of section 54-204 of the general statutes is  
2363 repealed and the following is substituted in lieu thereof (*Effective October*  
2364 *1, 2021*):

2365 (b) In order to be eligible for compensation services under sections  
2366 54-201 to 54-218, inclusive, the applicant shall, prior to a determination  
2367 on any application made pursuant to sections 54-201 to 54-218,  
2368 inclusive, submit reports if reasonably available from all physicians,  
2369 surgeons, physician assistants, advanced practice registered nurses or  
2370 mental health professionals who have treated or examined the victim in

2371 relation to the injury for which compensation is claimed at the time of  
 2372 or subsequent to the victim's injury or death. If in the opinion of the  
 2373 Office of Victim Services or, on review, a victim compensation  
 2374 commissioner, reports on the previous medical history of the victim,  
 2375 examination of the injured victim and a report thereon or a report on the  
 2376 cause of death of the victim by an impartial medical expert would be of  
 2377 material aid to its just determination, said office or commissioner shall  
 2378 order such reports and examinations. Any information received which  
 2379 is confidential in accordance with any provision of the general statutes  
 2380 shall remain confidential while in the custody of the Office of Victim  
 2381 Services or a victim compensation commissioner."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2021</i>	20-12c
Sec. 2	<i>October 1, 2021</i>	3-39j(5)
Sec. 3	<i>October 1, 2021</i>	3-123aa(b)
Sec. 4	<i>October 1, 2021</i>	10-183b(16)
Sec. 5	<i>October 1, 2021</i>	10a-155(a)
Sec. 6	<i>October 1, 2021</i>	10a-155a
Sec. 7	<i>October 1, 2021</i>	12-94
Sec. 8	<i>October 1, 2021</i>	12-129c(a)
Sec. 9	<i>October 1, 2021</i>	12-170aa(f)
Sec. 10	<i>October 1, 2021</i>	12-170f(a)
Sec. 11	<i>October 1, 2021</i>	12-170w(a)
Sec. 12	<i>October 1, 2021</i>	14-73(b)
Sec. 13	<i>October 1, 2021</i>	14-100a(c)(2)
Sec. 14	<i>October 1, 2021</i>	14-286(c)
Sec. 15	<i>October 1, 2021</i>	14-314c(a)
Sec. 16	<i>October 1, 2021</i>	16-262c(b)(1)
Sec. 17	<i>October 1, 2021</i>	16-262d(b)
Sec. 18	<i>October 1, 2021</i>	17a-81(a)
Sec. 19	<i>October 1, 2021</i>	17b-233
Sec. 20	<i>October 1, 2021</i>	17b-236
Sec. 21	<i>October 1, 2021</i>	17b-261p(f)
Sec. 22	<i>October 1, 2021</i>	17b-278d
Sec. 23	<i>October 1, 2021</i>	18-94
Sec. 24	<i>October 1, 2021</i>	19a-2a

Sec. 25	October 1, 2021	19a-26(a)
Sec. 26	October 1, 2021	19a-264
Sec. 27	October 1, 2021	19a-535(b)
Sec. 28	October 1, 2021	19a-535(e)
Sec. 29	October 1, 2021	19a-550(a)
Sec. 30	October 1, 2021	19a-571(a) to (c)
Sec. 31	October 1, 2021	19a-580
Sec. 32	October 1, 2021	19a-581(12)
Sec. 33	October 1, 2021	19a-582(d)(5) to (7)
Sec. 34	October 1, 2021	19a-592(a)
Sec. 35	October 1, 2021	20-14m
Sec. 36	October 1, 2021	20-41a(e)
Sec. 37	October 1, 2021	20-73b(c)
Sec. 38	October 1, 2021	20-74ff(f)
Sec. 39	October 1, 2021	20-126c(f)
Sec. 40	October 1, 2021	20-126l(i)
Sec. 41	October 1, 2021	20-132a(e)
Sec. 42	October 1, 2021	20-162r(e)
Sec. 43	October 1, 2021	20-191c(d)
Sec. 44	October 1, 2021	20-201a(f)
Sec. 45	October 1, 2021	20-206bb(e)(3)
Sec. 46	October 1, 2021	20-395d(f)
Sec. 47	October 1, 2021	20-402(b)(3)
Sec. 48	October 1, 2021	20-411a(f)
Sec. 49	October 1, 2021	20-631(a) and (b)
Sec. 50	October 1, 2021	20-631a(a) and (b)
Sec. 51	October 1, 2021	21a-217
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	31-308(a)
Sec. 60	October 1, 2021	38a-457(a)(1)
Sec. 61	October 1, 2021	38a-465g
Sec. 62	October 1, 2021	38a-489(a)
Sec. 63	October 1, 2021	38a-492e(b)
Sec. 64	October 1, 2021	38a-492m

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Sec. 65	<i>October 1, 2021</i>	38a-493(b) to (e)
Sec. 66	<i>October 1, 2021</i>	38a-495(c) to (e)
Sec. 67	<i>October 1, 2021</i>	38a-496(a)(1)
Sec. 68	<i>October 1, 2021</i>	38a-503(b) to (d)
Sec. 69	<i>October 1, 2021</i>	38a-515(a)
Sec. 70	<i>October 1, 2021</i>	38a-518e(b)
Sec. 71	<i>October 1, 2021</i>	38a-518f
Sec. 72	<i>October 1, 2021</i>	38a-520(b) to (e)
Sec. 73	<i>October 1, 2021</i>	38a-522(c) to (e)
Sec. 74	<i>October 1, 2021</i>	38a-523(a)(1)
Sec. 75	<i>October 1, 2021</i>	38a-530
Sec. 76	<i>October 1, 2021</i>	38a-530f(a)(1)
Sec. 77	<i>October 1, 2021</i>	47-88b(i)
Sec. 78	<i>October 1, 2021</i>	47a-23c(d)
Sec. 79	<i>October 1, 2021</i>	51-217(c)
Sec. 80	<i>October 1, 2021</i>	54-204(b)