



House of Representatives

General Assembly

File No. 423

February Session, 2022

House Bill No. 5485

House of Representatives, April 12, 2022

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

1 Section 1. Section 2-119 of the 2022 supplement to the general statutes
2 is repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (a) There is established a chronic kidney disease advisory committee.
5 The advisory committee shall:

6 (1) Work directly with policymakers, public health organizations and
7 educational institutions to:

8 (A) Increase awareness of chronic kidney disease in this state; and

9 (B) Develop health education programs that:

10 (i) Are intended to reduce the burden of kidney disease throughout
11 this state;

12 (ii) Include an ongoing health and wellness campaign that is based
13 on relevant research;

- 14 (iii) Promote preventive screenings; and
- 15 (iv) Are promoted through social media and public relations
16 campaigns;
- 17 (2) Examine chronic kidney disease, kidney transplantation,
18 including, but not limited to, kidney transplantation as a preferred
19 treatment for chronic kidney disease, living and deceased kidney
20 donation and racial disparities in the rates of individuals afflicted with
21 chronic kidney disease;
- 22 (3) Examine methods to reduce the occurrence of chronic kidney
23 disease by controlling the most common risk factors, diabetes and
24 hypertension, through early detection and preventive efforts at the
25 community level and disease management efforts in the primary care
26 setting;
- 27 (4) Identify the barriers to the adoption of best practices and the
28 policies available to address such barriers;
- 29 (5) Develop an equitable, sustainable, cost-effective plan to raise
30 awareness about the importance of early detection, screening, diagnosis
31 and treatment of chronic kidney disease and prevention; and
- 32 (6) Examine the potential for an opt-out organ or kidney donor
33 registry.
- 34 (b) The advisory committee shall consist of the following members:
- 35 [(1) The chairpersons and ranking members of the joint standing
36 committee of the General Assembly having cognizance of matters
37 relating to public health, or their designees;
- 38 (2) One appointed by the Senate chairperson of the joint standing
39 committee of the General Assembly having cognizance of matters
40 relating to public health;
- 41 (3) One appointed by the House chairperson of the joint standing
42 committee of the General Assembly having cognizance of matters

43 relating to public health;

44 (4) One appointed by the Senate ranking member of the joint standing
45 committee of the General Assembly having cognizance of matters
46 relating to public health;

47 (5) One appointed by the House ranking member of the joint standing
48 committee of the General Assembly having cognizance of matters
49 relating to public health;]

50 [(6)] (1) One appointed by the speaker of the House of
51 Representatives, who shall represent the renal provider community;

52 [(7)] (2) One appointed by the president pro tempore of the Senate,
53 who shall represent a medical center with a kidney-related program;

54 [(8)] (3) One appointed by the majority leader of the House of
55 Representatives;

56 [(9)] (4) One appointed by the majority leader of the Senate;

57 [(10)] (5) One appointed by the minority leader of the House of
58 Representatives;

59 [(11)] (6) One appointed by the minority leader of the Senate;

60 [(12)] (7) One appointed by the Governor;

61 [(13)] (8) The Commissioner of Public Health, or the commissioner's
62 designee;

63 [(14)] (9) One appointed by the chief executive officer of the National
64 Kidney Foundation;

65 [(15)] (10) One appointed by the chief executive officer of the
66 American Kidney Fund; and

67 [(16)] (11) At least three additional members appointed by the
68 chairpersons of the joint standing committee of the General Assembly
69 having cognizance of matters relating to public health, one of whom

70 shall represent the kidney physician community, one of whom shall
71 represent a nonprofit organ procurement organization, one of whom
72 shall represent the kidney patient community in this state and such
73 other members that such chairpersons, in their discretion, agree are
74 necessary to represent public health clinics, community health centers,
75 minority health organizations and health insurers.

76 (c) Any member of the advisory committee appointed under
77 subdivision (1), (2), (3), (4), (5), (6) [, (7), (8), (9), (10),] or (11) [or 16] of
78 subsection (b) of this section may be a member of the General Assembly.

79 (d) All initial appointments to the advisory committee shall be made
80 not later than thirty days after [July 12, 2021] the effective date of this
81 section. Any vacancy shall be filled by the appointing authority.

82 (e) The speaker of the House of Representatives and the president pro
83 tempore of the Senate shall select the chairpersons of the advisory
84 committee from among the members of the advisory committee. Such
85 chairpersons shall schedule the first meeting of the advisory committee,
86 which shall be held not later than sixty days after [July 12, 2021] the
87 effective date of this section. Meetings of the advisory committee may,
88 at the discretion of the chairpersons of the advisory committee, be
89 conducted on a virtual platform.

90 (f) The administrative staff of the advisory committee shall be
91 selected by the Office of Legislative Management in consultation with
92 the chairpersons of the advisory committee.

93 (g) Not later than January 1, [2022] 2023, and annually thereafter, the
94 advisory committee shall submit a report on its findings and
95 recommendations to the joint standing committee of the General
96 Assembly having cognizance of matters relating to public health in
97 accordance with the provisions of section 11-4a.

98 Sec. 2. Subdivision (1) of subsection (b) of section 19a-342 of the 2022
99 supplement to the general statutes is repealed and the following is
100 substituted in lieu thereof (*Effective from passage*):

101 (b) (1) Notwithstanding the provisions of section 31-40q, as amended
102 by this act, no person shall smoke: (A) In any area of a building or
103 portion of a building, owned and operated or leased and operated by
104 the state or any political subdivision of the state; (B) in any area of a
105 health care institution, including, but not limited to, a psychiatric
106 facility; (C) in any area of a retail establishment accessed by the general
107 public; (D) in any restaurant; (E) in any area of an establishment with a
108 permit issued for the sale of alcoholic liquor pursuant to section 30-20a,
109 30-21, 30-21b, 30-22, 30-22c, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a,
110 30-37e or 30-37f, in any area of an establishment with a permit for the
111 sale of alcoholic liquor pursuant to section [30-23] 30-22aa issued after
112 May 1, 2003, and, on and after April 1, 2004, in any area of an
113 establishment with a permit issued for the sale of alcoholic liquor
114 pursuant to section 30-22a or 30-26; [or the bar area of a bowling
115 establishment holding a permit pursuant to subsection (a) of section 30-
116 37c;] (F) in any area of a school building or on the grounds of such
117 school; (G) within a child care facility or on the grounds of such child
118 care facility, except, if the child care facility is a family child care home,
119 as defined in section 19a-77, such smoking is prohibited only when a
120 child enrolled in such home is present during customary business hours;
121 (H) in any passenger elevator; (I) in any area of a dormitory in any
122 public or private institution of higher education; (J) in any area of a dog
123 race track or a facility equipped with screens for the simulcasting of off-
124 track betting race programs or jai alai games; (K) in any room offered as
125 an accommodation to guests by the operator of a hotel, motel or similar
126 lodging; (L) in any area of a correctional facility or halfway house; or
127 (M) in any area of a platform or a shelter at a rail, busway or bus station,
128 owned and operated or leased and operated by the state or any political
129 subdivision of the state. For purposes of this subsection, "restaurant"
130 means space, in a suitable and permanent building, kept, used,
131 maintained, advertised and held out to the public to be a place where
132 meals are regularly served to the public, "school" has the same meaning
133 as provided in section 10-154a and "child care facility" has the same
134 meaning as provided in section 19a-342a, as amended by this act.

135 Sec. 3. Subdivision (1) of subsection (b) of section 19a-342a of the 2022

136 supplement to the general statutes is repealed and the following is
137 substituted in lieu thereof (*Effective from passage*):

138 (b) (1) No person shall use an electronic nicotine or cannabis delivery
139 system or vapor product: (A) In any area of a building or portion of a
140 building owned and operated or leased and operated by the state or any
141 political subdivision of the state; (B) in any area of a health care
142 institution, including, but not limited to, a psychiatric facility; (C) in any
143 area of a retail establishment accessed by the public; (D) in any
144 restaurant; (E) in any area of an establishment with a permit issued for
145 the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-
146 22, 30-22a, 30-22c, 30-26, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-
147 37e or 30-37f, in any area of establishment with a permit issued for the
148 sale of alcoholic liquor pursuant to section [30-23] 30-22aa issued after
149 May 1, 2003; [or the bar area of a bowling establishment holding a
150 permit pursuant to subsection (a) of section 30-37c;] (F) in any area of a
151 school building or on the grounds of such school; (G) within a child care
152 facility or on the grounds of such child care facility, except, if the child
153 care facility is a family child care home as defined in section 19a-77, such
154 use is prohibited only when a child enrolled in such home is present
155 during customary business hours; (H) in any passenger elevator; (I) in
156 any area of a dormitory in any public or private institution of higher
157 education; (J) in any area of a dog race track or a facility equipped with
158 screens for the simulcasting of off-track betting race programs or jai alai
159 games; (K) in any room offered as an accommodation to guests by the
160 operator of a hotel, motel or similar lodging; (L) in any area of a
161 correctional facility, halfway house or residential facility funded by the
162 Judicial Branch; or (M) in any area of a platform or a shelter at a rail,
163 busway or bus station, owned and operated or leased and operated by
164 the state or any political subdivision of the state. For purposes of this
165 subsection, "restaurant" means space, in a suitable and permanent
166 building, kept, used, maintained, advertised and held out to the public
167 to be a place where meals are regularly served to the public, and "school"
168 has the same meaning as provided in section 10-154a.

169 Sec. 4. Subdivision (4) of section 31-40q of the 2022 supplement to the

170 general statutes is repealed and the following is substituted in lieu
171 thereof (*Effective from passage*):

172 (4) "Business facility" means a structurally enclosed location or
173 portion thereof at which employees perform services for their employer.
174 The term "business facility" does not include: (A) Facilities listed in
175 subdivision (2) of subsection (b) of section 19a-342 or subdivision (2) of
176 subsection (b) of section 19a-342a; (B) any establishment with a permit
177 for the sale of alcoholic liquor pursuant to section [30-23] 30-22aa, issued
178 on or before May 1, 2003; (C) for any business that is engaged in the
179 testing or development of tobacco, tobacco products or cannabis, the
180 areas of such business designated for such testing or development; or
181 (D) during the period from October 1, 2003, to April 1, 2004,
182 establishments with a permit issued for the sale of alcoholic liquor
183 pursuant to section 30-22a or 30-26, [or the bar area of a bowling
184 establishment holding a permit pursuant to subsection (a) of section 30-
185 37c;]

186 Sec. 6. Subsection (d) of section 17a-503 of the general statutes is
187 repealed and the following is substituted in lieu thereof (*Effective October*
188 *1, 2022*):

189 (d) Any clinical social worker licensed under chapter 383b, [or]
190 advanced practice registered nurse licensed under chapter 378,
191 professional counselor licensed under chapter 383c or marital and
192 family therapist licensed under chapter 383 who (1) has received a
193 minimum of eight hours of specialized training in the conduct of direct
194 evaluations as a member of (A) any mobile crisis team, jail diversion
195 program, crisis intervention team, advanced supervision and
196 intervention support team, or assertive case management program
197 operated by or under contract with the Department of Mental Health
198 and Addiction Services, or (B) a community support program certified
199 by the Department of Mental Health and Addiction Services, and (2)
200 based upon the direct evaluation of a person, has reasonable cause to
201 believe that such person has psychiatric disabilities and is dangerous to
202 himself or herself or others or gravely disabled, and in need of

203 immediate care and treatment, may issue an emergency certificate in
204 writing that authorizes and directs that such person be taken to a
205 general hospital for purposes of a medical examination. The person shall
206 be examined [within] not later than twenty-four hours after arriving at
207 the hospital and shall not be held at the hospital for more than seventy-
208 two hours unless committed under section 17a-502. The Commissioner
209 of Mental Health and Addiction Services shall collect and maintain
210 statistical and demographic information pertaining to emergency
211 certificates issued under this subsection.

212 Sec. 7. Subdivision (3) of section 19a-693 of the general statutes is
213 repealed and the following is substituted in lieu thereof (*Effective from*
214 *passage*):

215 (3) "Assisted living services agency" means an entity, licensed by the
216 Department of Public Health pursuant to chapter 368v that provides,
217 among other things, nursing services and assistance with activities of
218 daily living to a population that is chronic and stable or in need of
219 supportive end-of-life care.

220 Sec. 8. Subsection (a) of section 19a-36i of the 2022 supplement to the
221 general statutes is repealed and the following is substituted in lieu
222 thereof (*Effective from passage*):

223 (a) No person, firm or corporation shall operate or maintain any food
224 establishment where food or beverages are served or sold to the public
225 in any town, city or borough without obtaining a valid permit [or
226 license] to operate from the director of health of such town, city or
227 borough, in a form and manner prescribed by the director of health. The
228 director of health shall issue a permit to operate a food establishment
229 upon receipt of an application if the food establishment meets the
230 requirements of this section. All food establishments shall comply with
231 the food code.

232 Sec. 9. Subsection (b) of section 19a-496a of the 2022 supplement to
233 the general statutes is repealed and the following is substituted in lieu
234 thereof (*Effective from passage*):

235 (b) All home health care agency, hospice home health care agency
236 and home health aide agency services that are required by law to be
237 performed upon the order of a licensed physician, physician assistant or
238 advanced practice registered nurse may be performed upon the order
239 of a physician, a physician assistant or an advanced practice registered
240 nurse licensed in a state that borders Connecticut. Any Department of
241 Public Health agency regulation, policy or procedure that applies to a
242 physician who orders home health care services, including related
243 provisions such as review and approval of care plans for home health
244 care services, shall also apply to a physician assistant or an advanced
245 practice registered nurse [or physician assistant] who orders home
246 health care services.

247 Sec. 10. Subsection (h) of section 20-206bb of the 2022 supplement to
248 the general statutes is repealed and the following is substituted in lieu
249 thereof (*Effective October 1, 2022*):

250 (h) Notwithstanding the provisions of subsection (a) of this section,
251 any person who maintains certification with the National Acupuncture
252 Detoxification Association may practice the five-point auricular
253 acupuncture protocol specified as part of such certification program as
254 an adjunct therapy for the treatment of alcohol and drug abuse and
255 other behavioral interventions for which the protocol is indicated,
256 provided the treatment is performed under the supervision of a
257 physician licensed under chapter 370, a physician assistant licensed
258 under chapter 370, an advanced practice registered nurse licensed under
259 chapter 378 or an acupuncturist licensed under chapter 384c and is
260 performed in (1) a private freestanding facility licensed by the
261 Department of Public Health that provides care or treatment for
262 substance abusive or dependent persons, (2) a setting operated by the
263 Department of Mental Health and Addiction Services, or (3) any other
264 setting where such protocol is an appropriate adjunct therapy to a
265 substance abuse or behavioral health treatment program. The
266 Commissioner of Public Health may adopt regulations, in accordance
267 with the provisions of chapter 54, to implement the provisions of this
268 section.

269 Sec. 11. Section 19a-508c of the 2022 supplement to the general
270 statutes, as amended by section 4 of public act 21-129, is repealed and
271 the following is substituted in lieu thereof (*Effective October 1, 2022*):

272 (a) As used in this section:

273 (1) "Affiliated provider" means a provider that is: (A) Employed by a
274 hospital or health system, (B) under a professional services agreement
275 with a hospital or health system that permits such hospital or health
276 system to bill on behalf of such provider, or (C) a clinical faculty member
277 of a medical school, as defined in section 33-182aa, that is affiliated with
278 a hospital or health system in a manner that permits such hospital or
279 health system to bill on behalf of such clinical faculty member;

280 (2) "Campus" means: (A) The physical area immediately adjacent to a
281 hospital's main buildings and other areas and structures that are not
282 strictly contiguous to the main buildings but are located within two
283 hundred fifty yards of the main buildings, or (B) any other area that has
284 been determined on an individual case basis by the Centers for Medicare
285 and Medicaid Services to be part of a hospital's campus;

286 (3) "Facility fee" means any fee charged or billed by a hospital or
287 health system for outpatient services provided in a hospital-based
288 facility that is: (A) Intended to compensate the hospital or health system
289 for the operational expenses of the hospital or health system, and (B)
290 separate and distinct from a professional fee;

291 (4) "Health system" means: (A) A parent corporation of one or more
292 hospitals and any entity affiliated with such parent corporation through
293 ownership, governance, membership or other means, or (B) a hospital
294 and any entity affiliated with such hospital through ownership,
295 governance, membership or other means;

296 (5) "Hospital" has the same meaning as provided in section 19a-490;

297 (6) "Hospital-based facility" means a facility that is owned or
298 operated, in whole or in part, by a hospital or health system where
299 hospital or professional medical services are provided;

300 (7) "Payer mix" means the proportion of different sources of payment
301 received by a hospital or health system, including, but not limited to,
302 Medicare, Medicaid, other government-provided insurance, private
303 insurance and self-pay patients;

304 (8) "Professional fee" means any fee charged or billed by a provider
305 for professional medical services provided in a hospital-based facility;

306 (9) "Provider" means an individual, entity, corporation or health care
307 provider, whether for profit or nonprofit, whose primary purpose is to
308 provide professional medical services; and

309 (10) "Tagline" means a short statement written in a non-English
310 language that indicates the availability of language assistance services
311 free of charge.

312 (b) If a hospital or health system charges a facility fee utilizing a
313 current procedural terminology evaluation and management (CPT
314 E/M) code or assessment and management (CPT A/M) code for
315 outpatient services provided at a hospital-based facility where a
316 professional fee is also expected to be charged, the hospital or health
317 system shall provide the patient with a written notice that includes the
318 following information:

319 (1) That the hospital-based facility is part of a hospital or health
320 system and that the hospital or health system charges a facility fee that
321 is in addition to and separate from the professional fee charged by the
322 provider;

323 (2) (A) The amount of the patient's potential financial liability,
324 including any facility fee likely to be charged, and, where professional
325 medical services are provided by an affiliated provider, any professional
326 fee likely to be charged, or, if the exact type and extent of the
327 professional medical services needed are not known or the terms of a
328 patient's health insurance coverage are not known with reasonable
329 certainty, an estimate of the patient's financial liability based on typical
330 or average charges for visits to the hospital-based facility, including the

331 facility fee, (B) a statement that the patient's actual financial liability will
332 depend on the professional medical services actually provided to the
333 patient, (C) an explanation that the patient may incur financial liability
334 that is greater than the patient would incur if the professional medical
335 services were not provided by a hospital-based facility, and (D) a
336 telephone number the patient may call for additional information
337 regarding such patient's potential financial liability, including an
338 estimate of the facility fee likely to be charged based on the scheduled
339 professional medical services; and

340 (3) That a patient covered by a health insurance policy should contact
341 the health insurer for additional information regarding the hospital's or
342 health system's charges and fees, including the patient's potential
343 financial liability, if any, for such charges and fees.

344 (c) If a hospital or health system charges a facility fee without
345 utilizing a current procedural terminology evaluation and management
346 (CPT E/M) code for outpatient services provided at a hospital-based
347 facility, located outside the hospital campus, the hospital or health
348 system shall provide the patient with a written notice that includes the
349 following information:

350 (1) That the hospital-based facility is part of a hospital or health
351 system and that the hospital or health system charges a facility fee that
352 may be in addition to and separate from the professional fee charged by
353 a provider;

354 (2) (A) A statement that the patient's actual financial liability will
355 depend on the professional medical services actually provided to the
356 patient, (B) an explanation that the patient may incur financial liability
357 that is greater than the patient would incur if the hospital-based facility
358 was not hospital-based, and (C) a telephone number the patient may call
359 for additional information regarding such patient's potential financial
360 liability, including an estimate of the facility fee likely to be charged
361 based on the scheduled professional medical services; and

362 (3) That a patient covered by a health insurance policy should contact

363 the health insurer for additional information regarding the hospital's or
364 health system's charges and fees, including the patient's potential
365 financial liability, if any, for such charges and fees.

366 (d) Each initial billing statement that includes a facility fee shall: (1)
367 Clearly identify the fee as a facility fee that is billed in addition to, or
368 separately from, any professional fee billed by the provider; (2) provide
369 the corresponding Medicare facility fee reimbursement rate for the same
370 service as a comparison or, if there is no corresponding Medicare facility
371 fee for such service, (A) the approximate amount Medicare would have
372 paid the hospital for the facility fee on the billing statement, or (B) the
373 percentage of the hospital's charges that Medicare would have paid the
374 hospital for the facility fee; (3) include a statement that the facility fee is
375 intended to cover the hospital's or health system's operational expenses;
376 (4) inform the patient that the patient's financial liability may have been
377 less if the services had been provided at a facility not owned or operated
378 by the hospital or health system; and (5) include written notice of the
379 patient's right to request a reduction in the facility fee or any other
380 portion of the bill and a telephone number that the patient may use to
381 request such a reduction without regard to whether such patient
382 qualifies for, or is likely to be granted, any reduction. Not later than
383 October 15, 2022, and annually thereafter, each hospital, health system
384 and hospital-based facility shall submit to the Health Systems Planning
385 Unit of the Office of Health Strategy a sample of a billing statement
386 issued by such hospital, health system or hospital-based facility that
387 complies with the provisions of this subsection and which represents
388 the format of billing statements received by patients. Such billing
389 statement shall not contain patient identifying information.

390 (e) The written notice described in subsections (b) to (d), inclusive,
391 and (h) to (j), inclusive, of this section shall be in plain language and in
392 a form that may be reasonably understood by a patient who does not
393 possess special knowledge regarding hospital or health system facility
394 fee charges. On and after October 1, 2022, such notices shall include tag
395 lines in at least the top fifteen languages spoken in the state indicating
396 that the notice is available in each of those top fifteen languages. The

397 fifteen languages shall be either the languages in the list published by
398 the Department of Health and Human Services in connection with
399 section 1557 of the Patient Protection and Affordable Care Act, P.L. 111-
400 148, or, as determined by the hospital or health system, the top fifteen
401 languages in the geographic area of the hospital-based facility.

402 (f) (1) For nonemergency care, if a patient's appointment is scheduled
403 to occur ten or more days after the appointment is made, such written
404 notice shall be sent to the patient by first class mail, encrypted electronic
405 mail or a secure patient Internet portal not less than three days after the
406 appointment is made. If an appointment is scheduled to occur less than
407 ten days after the appointment is made or if the patient arrives without
408 an appointment, such notice shall be hand-delivered to the patient when
409 the patient arrives at the hospital-based facility.

410 (2) For emergency care, such written notice shall be provided to the
411 patient as soon as practicable after the patient is stabilized in accordance
412 with the federal Emergency Medical Treatment and Active Labor Act,
413 42 USC 1395dd, as amended from time to time, or is determined not to
414 have an emergency medical condition and before the patient leaves the
415 hospital-based facility. If the patient is unconscious, under great duress
416 or for any other reason unable to read the notice and understand and
417 act on his or her rights, the notice shall be provided to the patient's
418 representative as soon as practicable.

419 (g) Subsections (b) to (f), inclusive, and (l) of this section shall not
420 apply if a patient is insured by Medicare or Medicaid or is receiving
421 services under a workers' compensation plan established to provide
422 medical services pursuant to chapter 568.

423 (h) A hospital-based facility shall prominently display written notice
424 in locations that are readily accessible to and visible by patients,
425 including patient waiting or appointment check-in areas, stating: (1)
426 That the hospital-based facility is part of a hospital or health system, (2)
427 the name of the hospital or health system, and (3) that if the hospital-
428 based facility charges a facility fee, the patient may incur a financial
429 liability greater than the patient would incur if the hospital-based

430 facility was not hospital-based. On and after October 1, 2022, such
431 notices shall include tag lines in at least the top fifteen languages spoken
432 in the state indicating that the notice is available in each of those top
433 fifteen languages. The fifteen languages shall be either the languages in
434 the list published by the Department of Health and Human Services in
435 connection with section 1557 of the Patient Protection and Affordable
436 Care Act, P.L. 111-148, or, as determined by the hospital or health
437 system, the top fifteen languages in the geographic area of the hospital-
438 based facility. Not later than October 1, 2022, and annually thereafter,
439 each hospital-based facility shall submit a copy of the written notice
440 required by this subsection to the Health Systems Planning Unit of the
441 Office of Health Strategy.

442 (i) A hospital-based facility shall clearly hold itself out to the public
443 and payers as being hospital-based, including, at a minimum, by stating
444 the name of the hospital or health system in its signage, marketing
445 materials, Internet web sites and stationery.

446 (j) A hospital-based facility shall, when scheduling services for which
447 a facility fee may be charged, inform the patient (1) that the hospital-
448 based facility is part of a hospital or health system, (2) of the name of the
449 hospital or health system, (3) that the hospital or health system may
450 charge a facility fee in addition to and separate from the professional fee
451 charged by the provider, and (4) of the telephone number the patient
452 may call for additional information regarding such patient's potential
453 financial liability.

454 (k) (1) If any transaction described in subsection (c) of section 19a-
455 486i, results in the establishment of a hospital-based facility at which
456 facility fees may be billed, the hospital or health system, that is the
457 purchaser in such transaction shall, not later than thirty days after such
458 transaction, provide written notice, by first class mail, of the transaction
459 to each patient served within the three years preceding the date of the
460 transaction by the health care facility that has been purchased as part of
461 such transaction.

462 (2) Such notice shall include the following information:

463 (A) A statement that the health care facility is now a hospital-based
464 facility and is part of a hospital or health system, the health care facility's
465 full legal and business name and the date of such facility's acquisition
466 by a hospital or health system;

467 (B) The name, business address and phone number of the hospital or
468 health system that is the purchaser of the health care facility;

469 (C) A statement that the hospital-based facility bills, or is likely to bill,
470 patients a facility fee that may be in addition to, and separate from, any
471 professional fee billed by a health care provider at the hospital-based
472 facility;

473 (D) (i) A statement that the patient's actual financial liability will
474 depend on the professional medical services actually provided to the
475 patient, and (ii) an explanation that the patient may incur financial
476 liability that is greater than the patient would incur if the hospital-based
477 facility were not a hospital-based facility;

478 (E) The estimated amount or range of amounts the hospital-based
479 facility may bill for a facility fee or an example of the average facility fee
480 billed at such hospital-based facility for the most common services
481 provided at such hospital-based facility; and

482 (F) A statement that, prior to seeking services at such hospital-based
483 facility, a patient covered by a health insurance policy should contact
484 the patient's health insurer for additional information regarding the
485 hospital-based facility fees, including the patient's potential financial
486 liability, if any, for such fees.

487 (3) A copy of the written notice provided to patients in accordance
488 with this subsection shall be filed with the Health Systems Planning
489 Unit of the Office of Health Strategy, established under section 19a-612.
490 Said unit shall post a link to such notice on its Internet web site.

491 (4) A hospital, health system or hospital-based facility shall not collect
492 a facility fee for services provided at a hospital-based facility that is
493 subject to the provisions of this subsection from the date of the

494 transaction until at least thirty days after the written notice required
495 pursuant to this subsection is mailed to the patient or a copy of such
496 notice is filed with the Health Systems Planning Unit of the Office of
497 Health Strategy, whichever is later. A violation of this subsection shall
498 be considered an unfair trade practice pursuant to section 42-110b.

499 (5) Not later than July 1, 2023, and annually thereafter, each hospital-
500 based facility that was the subject of a transaction, as described in
501 subsection (c) of section 19a-486i, during the preceding calendar year
502 shall report to the Health Systems Planning Unit of the Office of Health
503 Strategy the number of patients served by such hospital-based facility
504 in the preceding three years.

505 (l) Notwithstanding the provisions of this section, no hospital, health
506 system or hospital-based facility shall collect a facility fee for (1)
507 outpatient health care services that use a current procedural
508 terminology evaluation and management (CPT E/M) code or
509 assessment and management (CPT A/M) code and are provided at a
510 hospital-based facility located off-site from a hospital campus, or (2)
511 outpatient health care services provided at a hospital-based facility
512 located off-site from a hospital campus, received by a patient who is
513 uninsured of more than the Medicare rate. Notwithstanding the
514 provisions of this subsection, in circumstances when an insurance
515 contract that is in effect on July 1, 2016, provides reimbursement for
516 facility fees prohibited under the provisions of this section, a hospital or
517 health system may continue to collect reimbursement from the health
518 insurer for such facility fees until the date of expiration, renewal or
519 amendment of such contract, whichever such date is the earliest. A
520 violation of this subsection shall be considered an unfair trade practice
521 pursuant to chapter 735a. The provisions of this subsection shall not
522 apply to a freestanding emergency department. As used in this
523 subsection, "freestanding emergency department" means a freestanding
524 facility that (A) is structurally separate and distinct from a hospital, (B)
525 provides emergency care, (C) is a department of a hospital licensed
526 under chapter 368v, and (D) has been issued a certificate of need to
527 operate as a freestanding emergency department pursuant to chapter

528 368z.

529 (m) (1) Each hospital and health system shall report not later than July
530 1, 2023, and annually thereafter to the executive director of the Office of
531 Health Strategy, on a form prescribed by the executive director,
532 concerning facility fees charged or billed during the preceding calendar
533 year. Such report shall include (A) the name and address of each facility
534 owned or operated by the hospital or health system that provides
535 services for which a facility fee is charged or billed, (B) the number of
536 patient visits at each such facility for which a facility fee was charged or
537 billed, (C) the number, total amount and range of allowable facility fees
538 paid at each such facility disaggregated by payer mix, (D) for each
539 facility, the total amount of facility fees charged and the total amount of
540 revenue received by the hospital or health system derived from facility
541 fees, (E) the total amount of facility fees charged and the total amount of
542 revenue received by the hospital or health system from all facilities
543 derived from facility fees, (F) a description of the ten procedures or
544 services that generated the greatest amount of facility fee gross revenue,
545 disaggregated by current procedural terminology category (CPT) code
546 for each such procedure or service and, for each such procedure or
547 service, patient volume and the total amount of gross and net revenue
548 received by the hospital or health system derived from facility fees, and
549 (G) the top ten procedures or services for which facility fees are charged
550 based on patient volume and the gross and net revenue received by the
551 hospital or health system for each such procedure or service. For
552 purposes of this subsection, "facility" means a hospital-based facility
553 that is located outside a hospital campus.

554 (2) The executive director shall publish the information reported
555 pursuant to subdivision (1) of this subsection, or post a link to such
556 information, on the Internet web site of the Office of Health Strategy.

557 Sec. 12. Subsection (b) of section 19a-563b of the 2022 supplement to
558 the general statutes is repealed and the following is substituted in lieu
559 thereof (*Effective from passage*):

560 (b) On or before January 1, 2022, the Department of Emergency

561 [Management and Homeland Security] Services and Public Protection,
562 in consultation with the Department of Public Health, shall establish a
563 process to evaluate, provide feedback on, approve and distribute
564 personal protective equipment for use by nursing homes in a public
565 health emergency.

566 Sec. 13. Subsection (a) of section 21a-11b of the 2022 supplement to
567 the general statutes is repealed and the following is substituted in lieu
568 thereof (*Effective from passage*):

569 (a) An occupational or professional license, permit, certification or
570 registration issued by the Department of Consumer Protection pursuant
571 to chapter 389, 390, 391, 392, 394, 396, 396a, 399a, 399b, 400, 400b, 400f,
572 400g, 400h, 400j, 400m, 400o or 400p shall be issued, in the occupation or
573 profession applied for and at a practice level determined by the
574 department, to a person who is (1) a resident of this state, as defined in
575 section 12-701, and provides a current driver's license, utility bill, lease
576 agreement or property deed indicating their residence in this state; or
577 (2) married to an active duty member of the armed forces of the United
578 States and accompanies such member, pursuant to an official permanent
579 change of station, to a military installation located in this state, if such
580 person:

581 (A) Holds a valid license, permit, certification or registration in at
582 least one other jurisdiction in the United States in the occupation or
583 profession applied for;

584 (B) Has at least four years of experience, including (i) practice under
585 such license, permit, certification or registration, (ii) classroom
586 education, and (iii) on-the-job training;

587 (C) Is in good standing in all jurisdictions in the United States in
588 which he or she holds a license, permit, certification or registration and
589 has not had a license, permit, certification or registration revoked or
590 discipline imposed by any jurisdiction, does not have a complaint,
591 allegation or investigation related to unprofessional conduct pending in
592 any jurisdiction and has not voluntarily surrendered a license, permit,

593 certification or registration while under investigation for unprofessional
594 conduct in any jurisdiction;

595 (D) Satisfies any background check or character and fitness check
596 required of other applicants for the license, permit, certification or
597 registration;

598 (E) Pays all fees required of other applicants for the license, permit,
599 certification or registration; and

600 (F) Takes and passes all or a portion of any examination required of
601 other persons applying for the license, permit, certification or
602 registration, except a person married to an active duty member of the
603 armed forces of the United States may be required to take and pass all
604 or a portion of such examination at the discretion of the Commissioner
605 of Consumer Protection.

606 Sec. 14. Subsection (d) of section 38a-493 of the 2022 supplement to
607 the general statutes is repealed and the following is substituted in lieu
608 thereof (*Effective from passage*):

609 (d) Home health care shall consist of, but shall not be limited to, the
610 following: (1) Part-time or intermittent nursing care by a registered
611 nurse or by a licensed practical nurse under the supervision of a
612 registered nurse, if the services of a registered nurse are not available;
613 (2) part-time or intermittent home health aide services, consisting
614 primarily of patient care of a medical or therapeutic nature by other than
615 a registered or licensed practical nurse; (3) physical, occupational or
616 speech therapy; (4) medical supplies, drugs and medicines prescribed
617 by a physician, a physician assistant or an advanced practice registered
618 nurse and laboratory services to the extent such charges would have
619 been covered under the policy or contract if the covered person had
620 remained or had been confined in the hospital; and (5) medical social
621 services provided to or for the benefit of a covered person diagnosed by
622 a physician, a physician assistant or an advanced practice registered
623 nurse as terminally ill with a prognosis of six months or less to live.

624 Sec. 15. Subsection (d) of section 38a-520 of the 2022 supplement to
625 the general statutes is repealed and the following is substituted in lieu
626 thereof (*Effective from passage*):

627 (d) Home health care shall consist of, but shall not be limited to, the
628 following: (1) Part-time or intermittent nursing care by a registered
629 nurse or by a licensed practical nurse under the supervision of a
630 registered nurse, if the services of a registered nurse are not available;
631 (2) part-time or intermittent home health aide services, consisting
632 primarily of patient care of a medical or therapeutic nature by other than
633 a registered or licensed practical nurse; (3) physical, occupational or
634 speech therapy; (4) medical supplies, drugs and medicines prescribed
635 by a physician, a physician assistant or an advanced practice registered
636 nurse and laboratory services to the extent such charges would have
637 been covered under the policy or contract if the covered person had
638 remained or had been confined in the hospital; and (5) medical social
639 services provided to or for the benefit of a covered person diagnosed by
640 a physician, a physician assistant or an advanced practice registered
641 nurse as terminally ill with a prognosis of six months or less to live.

642 Sec. 16. Subsection (c) of section 19a-60 of the 2022 supplement to the
643 general statutes is repealed and the following is substituted in lieu
644 thereof (*Effective from passage*):

645 (c) All initial appointments to the advisory council shall be made not
646 later than December 31, 2013. Advisory council members shall serve
647 three-year terms. [Any] Except as provided in subsection (d) of this
648 section, any vacancy shall be filled by the appointing authority.

649 Sec. 17. Subsection (a) of section 19a-131j of the 2022 supplement to
650 the general statutes is repealed and the following is substituted in lieu
651 thereof (*Effective from passage*):

652 (a) The commissioner may issue an order to temporarily suspend, for
653 a period not to exceed sixty consecutive days, the requirements for
654 licensure, certification or registration, pursuant to chapters 368d, 370,
655 376 to 376c, inclusive, 378, 378a, 379, 379a, 381a, 382a, 383 to [383c,

656 inclusive,] 383d, inclusive, 383f, 383g, 384b, 384d, 385, 395, 399, 400a, 400j
657 and 474, to allow persons who are appropriately licensed, certified or
658 registered in another state or territory of the United States or the District
659 of Columbia, to render temporary assistance within the scope of the
660 profession for which a person is licensed, certified or registered, in
661 managing a public health emergency in this state, declared by the
662 Governor pursuant to section 19a-131a. Nothing in this section shall be
663 construed to permit a person to provide services beyond the scope
664 allowed in the chapter specified in this section that pertains to such
665 person's profession.

666 Sec. 18. Subdivision (6) of subsection (b) of section 19a-133a of the
667 2022 supplement to the general statutes is repealed and the following is
668 substituted in lieu thereof (*Effective from passage*):

669 (6) Two appointed by the minority leader of the Senate, one of whom
670 shall be a medical professional with expertise in mental health and one
671 of whom [is] shall be a representative of the Open Communities
672 Alliance;

673 Sec. 19. Section 19a-177a of the 2022 supplement to the general
674 statutes is repealed and the following is substituted in lieu thereof
675 (*Effective from passage*):

676 The Commissioner of Public Health may waive any provisions of the
677 regulations applying to an emergency medical service organization or
678 emergency medical services personnel, as such terms are defined in
679 section 19a-175, if the commissioner determines that such waiver (1)
680 would not endanger the health, safety or welfare of any patient or
681 resident, and (2) does not affect the maximum allowable rates for each
682 emergency medical service organization or primary service area
683 assignments. The commissioner may impose conditions, upon granting
684 the waiver, that assure the health, safety or welfare of patients or
685 residents and may terminate the waiver upon a finding that the health,
686 safety or welfare of any patient or resident has been jeopardized. The
687 commissioner may adopt regulations, in accordance with the provisions
688 of chapter 54, establishing procedures for an application for a waiver

689 pursuant to this [subdivision] section.

690 Sec. 20. Subsection (c) of section 19a-491 of the 2022 supplement to
691 the general statutes is repealed and the following is substituted in lieu
692 thereof (*Effective from passage*):

693 (c) Notwithstanding any regulation, the Commissioner of Public
694 Health shall charge the following fees for the biennial licensing and
695 inspection of the following institutions: (1) Chronic and convalescent
696 nursing homes, per site, four hundred forty dollars; (2) chronic and
697 convalescent nursing homes, per bed, five dollars; (3) rest homes with
698 nursing supervision, per site, four hundred forty dollars; (4) rest homes
699 with nursing supervision, per bed, five dollars; (5) outpatient dialysis
700 units and outpatient surgical facilities, six hundred twenty-five dollars;
701 (6) mental health residential facilities, per site, three hundred seventy-
702 five dollars; (7) mental health residential facilities, per bed, five dollars;
703 (8) hospitals, per site, nine hundred forty dollars; (9) hospitals, per bed,
704 seven dollars and fifty cents; (10) nonstate agency educational
705 institutions, per infirmary, one hundred fifty dollars; (11) nonstate
706 agency educational institutions, per infirmary bed, twenty-five dollars;
707 (12) home health care agencies, except certified home health care
708 agencies described in subsection (d) of this section, per agency, three
709 hundred dollars; (13) home health care agencies, hospice agencies [,] or
710 home health aide agencies, except certified home health care agencies,
711 hospice agencies or home health aide agencies described in subsection
712 (d) of this section, per satellite patient service office, one hundred
713 dollars; (14) assisted living services agencies, except such agencies
714 participating in the congregate housing facility pilot program described
715 in section 8-119n, per site, five hundred dollars; (15) short-term hospitals
716 special hospice, per site, nine hundred forty dollars; (16) short-term
717 hospitals special hospice, per bed, seven dollars and fifty cents; (17)
718 hospice inpatient facility, per site, four hundred forty dollars; and (18)
719 hospice inpatient facility, per bed, five dollars.

720 Sec. 21. Subsection (a) of section 19a-562a of the 2022 supplement to
721 the general statutes is repealed and the following is substituted in lieu

722 thereof (*Effective from passage*):

723 (a) Each nursing home facility that is not a residential care home or
724 [an] a dementia special care unit or program shall (1) annually provide
725 a minimum of two hours of training in pain recognition and
726 administration of pain management techniques, and (2) provide a
727 minimum of one hour of training in oral health and oral hygiene
728 techniques not later than one year after the date of hire and subsequent
729 training in said techniques annually thereafter, to all licensed and
730 registered direct care staff and nurse's aides who provide direct patient
731 care to residents.

732 Sec. 22. Subsection (c) of section 20-12j of the 2022 supplement to the
733 general statutes is repealed and the following is substituted in lieu
734 thereof (*Effective from passage*):

735 (c) Each physician assistant applying for license renewal pursuant to
736 section 19a-88 shall sign a statement attesting that he or she has satisfied
737 the continuing education requirements of subsection (b) of this section
738 on a form prescribed by the Department of Public Health. Each licensee
739 shall retain records of attendance or certificates of completion that
740 demonstrate compliance with the continuing education requirements of
741 subsection (b) of this section for a minimum of three years following the
742 year in which the continuing education was completed and shall submit
743 such records or certificates to the department for inspection not later
744 than forty-five days after a request by the department for such records
745 or certificates.

746 Sec. 23. Section 22a-42f of the 2022 supplement to the general statutes
747 is repealed and the following is substituted in lieu thereof (*Effective from*
748 *passage*):

749 When an application is filed to conduct or cause to be conducted a
750 regulated activity upon an inland wetland or watercourse, any portion
751 of which is within the watershed of a water company as defined in
752 section 25-32a, the applicant shall: (1) Provide written notice of the
753 application to the water company and the Department of Public Health;

754 and (2) determine if the project is within the watershed of a water
755 company by consulting the maps posted on [the] said department's
756 Internet web site showing the boundaries of the watershed. Such
757 applicant shall send such notice to the water company by certified mail,
758 return receipt requested, and to [the] said department by electronic mail
759 to the electronic mail address designated by the department on its
760 Internet web site for receipt of such notice. Such applicant shall mail
761 such notice not later than seven days after the date of the application.
762 The water company and the Commissioner of Public Health, through a
763 representative, may appear and be heard at any hearing on the
764 application.

765 Sec. 24. Section 19a-37i of the 2022 supplement to the general statutes
766 is repealed and the following is substituted in lieu thereof (*Effective from*
767 *passage*):

768 In the event that the Governor declares a state of civil preparedness
769 emergency pursuant to section 28-9, or a public health emergency,
770 pursuant to section [19a-131] 19a-131a, each community water system
771 shall report the community water system's operational status to
772 WebEOC as soon as practicable, but not later than eight hours after the
773 time reporting on WebEOC is made available regarding such
774 declaration, and at any time thereafter that the status of such system
775 significantly changes. As used in this section, "community water
776 system" means a public water system that serves at least twenty-five
777 residents, and "WebEOC" means a web-based emergency management
778 information system used by the state to document routine and
779 emergency events or incidents and provide a real-time common
780 operating picture and resource request management tool for emergency
781 managers at the local and state levels during exercises, drills, local or
782 regional emergencies or state-wide emergencies.

783 Sec. 25. Section 19a-180d of the general statutes is repealed and the
784 following is substituted in lieu thereof (*Effective from passage*):

785 Emergency medical services personnel, as defined in section 19a-175,
786 who holds the highest classification of licensure or certification from the

787 Department of Public Health under this chapter and chapter 384d shall
788 be responsible for making decisions concerning patient care on the scene
789 of an emergency medical call. If two or more emergency medical service
790 organizations on such scene hold the same licensure or certification
791 classification, the emergency medical service organization for the
792 primary service area responder, as defined in said section, shall be
793 responsible for making such decisions. If all emergency [medicine]
794 medical services personnel on such scene are emergency medical
795 technicians or emergency medical responders, as defined in said section,
796 the emergency medical service organization providing transportation
797 services shall be responsible for making such decisions. An emergency
798 medical service organization on the scene of an emergency medical call
799 who has undertaken decision-making responsibility for patient care
800 shall transfer patient care to a provider with a higher classification of
801 licensure or certification upon such provider's arrival on the scene. All
802 emergency medical services personnel with patient care responsibilities
803 on the scene shall ensure such transfer takes place in a timely and
804 orderly manner. For purposes of this section, the classification of
805 licensure or certification from highest to lowest is: Paramedic, advanced
806 emergency medical technician, emergency medical technician and
807 emergency medical responder. Nothing in this section shall be
808 construed to limit the authority of a fire chief or fire officer-in-charge
809 under section 7-313e to control and direct emergency activities at the
810 scene of an emergency.

811 Sec. 26. Subsection (a) of section 19a-522h of the 2022 supplement to
812 the general statutes is repealed and the following is substituted in lieu
813 thereof (*Effective from passage*):

814 (a) The Commissioner of Public Health may suspend the
815 requirements for licensure to authorize a licensed chronic and
816 convalescent nursing home to provide services to patients with a
817 reportable disease, emergency illness or health condition, pursuant to
818 section [19-91] 19a-91, under their existing license if such licensed
819 chronic and convalescent nursing home (1) provides services to such
820 patients in a building that is not physically connected to its licensed

821 facility, or (2) expands its bed capacity in a portion of a facility that is
 822 separate from the licensed facility. Such services may only be provided
 823 in order to render temporary assistance in managing a public health
 824 emergency in this state, declared by the Governor pursuant to section
 825 19a-131a.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	2-119
Sec. 2	<i>from passage</i>	19a-342(b)(1)
Sec. 3	<i>from passage</i>	19a-342a(b)(1)
Sec. 4	<i>from passage</i>	31-40q(4)
Sec. 6	<i>October 1, 2022</i>	17a-503(d)
Sec. 7	<i>from passage</i>	19a-693(3)
Sec. 8	<i>from passage</i>	19a-36i(a)
Sec. 9	<i>from passage</i>	19a-496a(b)
Sec. 10	<i>October 1, 2022</i>	20-206bb(h)
Sec. 11	<i>October 1, 2022</i>	19a-508c
Sec. 12	<i>from passage</i>	19a-563b(b)
Sec. 13	<i>from passage</i>	21a-11b(a)
Sec. 14	<i>from passage</i>	38a-493(d)
Sec. 15	<i>from passage</i>	38a-520(d)
Sec. 16	<i>from passage</i>	19a-6o(c)
Sec. 17	<i>from passage</i>	19a-131j(a)
Sec. 18	<i>from passage</i>	19a-133a(b)(6)
Sec. 19	<i>from passage</i>	19a-177a
Sec. 20	<i>from passage</i>	19a-491(c)
Sec. 21	<i>from passage</i>	19a-562a(a)
Sec. 22	<i>from passage</i>	20-12j(c)
Sec. 23	<i>from passage</i>	22a-42f
Sec. 24	<i>from passage</i>	19a-37i
Sec. 25	<i>from passage</i>	19a-180d
Sec. 26	<i>from passage</i>	19a-522h(a)

PH Joint Favorable

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

The bill, which makes various revisions to public health statutes, does not result in a fiscal impact to the state or municipalities.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis**HB 5485*****AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.*****SUMMARY**

This bill makes various, unrelated changes in the public health statutes. Among other things, it:

1. removes the Public Health Committee chairpersons and ranking members, and four members they appoint, from the state's Chronic Kidney Advisory Committee (§ 1);
2. makes minor, technical, and conforming changes to replace references to obsolete permits that no longer exists (e.g., bowling establishment permits) with references to the newly structured club permit (§§ 2-5);
3. allows licensed professional counselors and marital and family therapists who are members of specified Department of Mental Health and Addiction Services (DMHAS) community support and crisis intervention teams to issue emergency certificates authorizing people with a psychiatric disability to be taken to a general hospital for examination, under certain conditions (§ 6);
4. modifies the statutory definition of "assisted living services agency" to specify that these agencies may provide nursing services and assistance with activities of daily living to people in need of end-of-life care, in addition to people who are chronic and stable (§ 7);
5. allows certified individuals to practice auricular acupuncture to treat alcohol and drug abuse under the supervision of a physician assistant (PA), advanced practice registered nurse (APRN), or

licensed acupuncturist, instead of only a physician as under current law (§ 10).

The bill also makes technical and conforming changes to various statutes (§§ 8, 9, 11-26).

EFFECTIVE DATE: Upon passage, except that the provisions on (1) emergency certificates for psychiatric evaluation, (2) auricular acupuncture, and (3) technical changes to a statute on health care facility fees take effect October 1, 2022.

§ 1 — CHRONIC KIDNEY ADVISORY COMMITTEE

Membership

The bill removes as members of the state's Chronic Kidney Advisory Committee, the Public Health Committee chairpersons and ranking members, and the four members they appoint that have cognizance in public health. In doing so, it reduces the committee's required membership, from 21 to 13.

As under current law, the remaining committee members include the public health commissioner, or her designee, and

1. one member each appointed by the six top legislative leaders, governor, and the chief executive officers of the National Kidney Foundation and the American Kidney Fund;
2. one representative each from the kidney physician community, a nonprofit organ procurement organization, and kidney patient community, appointed by the Public Health Committee chairpersons; and
3. any other members the Public Health Committee chairpersons appoint that they deem necessary to represent public health clinics, community health centers, minority health organizations, and health insurers.

The bill also extends, from September 12, 2021, to 60 days after the bill's passage, the date by which (1) appointing authorities must make

their initial appointments and (2) the chairpersons must schedule the committee's first meeting.

By law, the Chronic Kidney Disease Advisory Committee works with policymakers, public health organizations, and educational institutions to increase awareness of chronic kidney disease and develop related educational programs.

Report

The bill extends by one year, until January 1, 2023, the date by which the advisory committee must begin annually reporting its findings and recommendations to the Public Health Committee.

§ 6 — EMERGENCY CERTIFICATES FOR PSYCHIATRIC EVALUATION

The bill permits licensed professional counselors and marital and family therapists to issue emergency certificates directing a person with psychiatric disabilities to be taken to a hospital for evaluation. To do so, the counselor or therapist must:

1. be a member of a (a) DMHAS-certified community support program or (b) DMHAS-operated or funded mobile crisis team, jail diversion program, crisis intervention team, advanced supervision and intervention support team, or assertive case management support program;
2. have received at least eight hours of specialized training in conducting direct evaluations; and
3. reasonably believe, as a result of direct evaluation, the person has psychiatric disabilities and is a danger to self or others, or gravely disabled and needs immediate care or treatment.

Existing law already allows clinical social workers and APRNs who meet the above training requirements to do this.

§ 10 — AURICULAR ACUPUNCTURE

Existing law allows unlicensed individuals who are certified by the

National Acupuncture Detoxification Association to practice auricular acupuncture to treat alcohol and drug abuse under certain supervision and in DPH-licensed freestanding substance abuse facilities, DMHAS-operated settings, or any other setting where it is an appropriate adjunct therapy to a substance abuse or behavioral health treatment.

The bill allows these individuals to practice under the supervision of a PA, APRN, or licensed acupuncturist, instead of only a physician as under current law.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 29 Nay 0 (03/25/2022)