



General Assembly

February Session, 2024

Raised Bill No. 5488

LCO No. 2753



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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 Section 19a-6s of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) For purposes of this section, "clinical medical assistant" means a
4 person who (1) (A) is certified by the American Association of Medical
5 Assistants, the National Healthcareer Association, the National Center
6 for Competency Testing, [or] the American Medical Technologists or the
7 American Medical Certification Association, and (B) has graduated
8 from a postsecondary medical assisting program (i) that is accredited by
9 the Commission on Accreditation of Allied Health Education Programs,
10 the Accrediting Bureau of Health Education Schools or another
11 accrediting organization recognized by the United States Department of
12 Education, or (ii) offered by an institution of higher education
13 accredited by an accrediting organization recognized by the United
14 States Department of Education and that includes a total of seven
15 hundred twenty hours, including one hundred sixty hours of clinical

16 practice skills, including, but not limited to, administering injections, or
17 (2) has completed relevant medical assistant training provided by any
18 branch of the armed forces of the United States.

19 (b) A clinical medical assistant may administer a vaccine under the
20 supervision, control and responsibility of a physician licensed pursuant
21 to chapter 370, a physician assistant licensed pursuant to chapter 370 or
22 an advanced practice registered nurse licensed pursuant to chapter 378
23 to any person in any setting other than a hospital setting. Prior to
24 administering a vaccine, a clinical medical assistant shall complete not
25 less than twenty-four hours of classroom training and not less than eight
26 hours of training in a clinical setting regarding the administration of
27 vaccines. Nothing in this section shall be construed to permit an
28 employer of a physician, a physician assistant or an advanced practice
29 registered nurse to require the physician, physician assistant or
30 advanced practice registered nurse to oversee a clinical medical
31 assistant in the administration of a vaccine without the consent of the
32 physician, physician assistant or advanced practice registered nurse.

33 (c) On or before January first annually, the Commissioner of Public
34 Health shall obtain from the American Association of Medical
35 Assistants, the National Healthcareer Association, the National Center
36 for Competency Testing, [and] the American Medical Technologists and
37 the American Medical Certification Association a listing of all state
38 residents maintained on said organizations' registries of certified
39 medical assistants. The commissioner shall make such listings available
40 for public inspection.

41 Sec. 2. Subsection (b) of section 19a-127n of the 2024 supplement to
42 the general statutes is repealed and the following is substituted in lieu
43 thereof (*Effective October 1, 2024*):

44 (b) On and after October 1, 2023, a hospital or birth center, as such
45 terms are defined in section 19a-490, as amended by this act, or
46 outpatient surgical facility, as defined in section 19a-493b, shall report
47 adverse events to the Department of Public Health on a form prescribed

48 by the commissioner as follows: (1) A written report and the status of
49 any corrective steps shall be submitted not later than seven days after
50 the date on which the adverse event occurred; and (2) a corrective action
51 plan shall be filed not later than thirty days after the date on which the
52 adverse event occurred. Emergent reports, as defined in the regulations
53 adopted pursuant to subsection (c) of this section, shall be made to the
54 department immediately. Failure to report an adverse event to the
55 department or implement a corrective action plan may result in
56 disciplinary action by the commissioner, pursuant to section 19a-494.

57 Sec. 3. Section 19a-197a of the 2024 supplement to the general statutes
58 is repealed and the following is substituted in lieu thereof (*Effective*
59 *October 1, 2024*):

60 (a) As used in this section, "emergency medical services personnel"
61 means (1) any class of emergency medical technician certified pursuant
62 to sections 20-206ll and 20-206mm, including, but not limited to, any
63 advanced emergency medical technician, (2) any paramedic licensed
64 pursuant to sections 20-206ll and 20-206mm, and (3) any emergency
65 medical responder certified pursuant to sections 20-206ll and 20-
66 206mm.

67 (b) Any emergency medical services personnel who has been trained,
68 in accordance with national standards recognized by the Commissioner
69 of Public Health, in the administration of (1) epinephrine using
70 automatic prefilled cartridge injectors, similar automatic injectable
71 equipment or prefilled vial and syringe, or (2) glucagon nasal powder,
72 and who functions in accordance with written protocols and the
73 standing orders of a licensed physician serving as an emergency
74 department director [may administer, on or before June 30, 2024, and]
75 shall administer [, on and after July 1, 2024,] epinephrine using such
76 injectors, equipment or prefilled vial and syringe or glucagon nasal
77 powder when the use of epinephrine or glucagon is deemed necessary
78 by the emergency medical services personnel for the treatment of a
79 patient. All emergency medical services personnel shall receive such
80 training from an organization designated by the commissioner.

81 (c) All licensed or certified ambulances shall be equipped with
82 epinephrine in such injectors, equipment or prefilled vials and syringes
83 and glucagon nasal powder to be administered as described in
84 subsection (b) of this section and in accordance with written protocols
85 and standing orders of a licensed physician serving as an emergency
86 department director.

87 Sec. 4. Subsection (a) of section 20-195c of the 2024 supplement to the
88 general statutes is repealed and the following is substituted in lieu
89 thereof (*Effective July 1, 2024*):

90 (a) Each applicant for licensure as a marital and family therapist shall
91 present to the department satisfactory evidence that such applicant has:
92 (1) Completed a graduate degree program specializing in marital and
93 family therapy offered by a regionally accredited college or university
94 or an accredited postgraduate clinical training program accredited by
95 the Commission on Accreditation for Marriage and Family Therapy
96 Education offered by a regionally accredited institution of higher
97 education; (2) completed a supervised practicum or internship with
98 emphasis in marital and family therapy supervised by the program
99 granting the requisite degree or by an accredited postgraduate clinical
100 training program accredited by the Commission on Accreditation for
101 Marriage and Family Therapy Education and offered by a regionally
102 accredited institution of higher education; (3) completed [twelve]
103 twenty-four months of relevant postgraduate experience, including (A)
104 a minimum of one thousand hours of direct client contact offering
105 marital and family therapy services subsequent to being awarded a
106 master's degree or doctorate or subsequent to the training year specified
107 in subdivision (2) of this subsection, and (B) one hundred hours of
108 postgraduate clinical supervision provided by a licensed marital and
109 family therapist; and (4) passed an examination prescribed by the
110 department. The fee shall be two hundred dollars for each initial
111 application.

112 Sec. 5. Subdivision (3) of subsection (1) of section 19a-508c of the 2024
113 supplement to the general statutes is repealed and the following is

114 substituted in lieu thereof (*Effective October 1, 2024*):

115 (3) Notwithstanding the provisions of subdivisions (1) and (2) of this
116 subsection, in circumstances when an insurance contract that is in effect
117 on July 1, 2016, provides reimbursement for facility fees prohibited
118 under the provisions of subdivision (1) of this subsection, and in
119 circumstances when an insurance contract that is in effect on July 1,
120 2024, provides reimbursement for facility fees prohibited under the
121 provisions of subdivision (2) of this subsection, a hospital or health
122 system may continue to collect reimbursement from the health insurer
123 for such facility fees until the applicable date of expiration, renewal or
124 amendment of such contract, whichever such date is the earliest. A
125 violation of this subsection shall be considered an unfair trade practice
126 pursuant to chapter 735a.

127 Sec. 6. Section 20-7f of the general statutes is repealed and the
128 following is substituted in lieu thereof (*Effective October 1, 2024*):

129 (a) For purposes of this section:

130 (1) "Request payment" includes, but is not limited to, submitting a bill
131 for services not actually owed or submitting for such services an invoice
132 or other communication detailing the cost of the services that is not
133 clearly marked with the phrase "This is not a bill".

134 (2) "Health care provider" means a person licensed to provide health
135 care services under chapter 368d or 368v, chapters 370 to 373, inclusive,
136 chapters 375 to 383b, inclusive, chapters 384a to 384c, inclusive, or
137 chapter 400j.

138 (3) "Enrollee" means a person who has contracted for or who
139 participates in a health care plan for such enrollee or such enrollee's
140 eligible dependents.

141 (4) "Coinsurance, copayment, deductible or other out-of-pocket
142 expense" means the portion of a charge for services covered by a health
143 care plan that, under the plan's terms, it is the obligation of the enrollee

144 to pay.

145 (5) "Health care plan" has the same meaning as provided in
146 subsection (a) of section 38a-477aa.

147 (6) "Health carrier" has the same meaning as provided in subsection
148 (a) of section 38a-477aa.

149 (7) "Emergency services" has the same meaning as provided in
150 subsection (a) of section 38a-477aa.

151 (b) It shall be an unfair trade practice in violation of chapter 735a for
152 any health care provider to request payment from an enrollee, other
153 than a coinsurance, copayment, deductible or other out-of-pocket
154 expense, for (1) health care services or a facility fee, as defined in section
155 19a-508c, as amended by this act, covered under a health care plan, (2)
156 emergency services, or services rendered to an insured at an urgent
157 crisis center, as defined in section 19a-179f, covered under a health care
158 plan and rendered by an out-of-network health care provider, or (3) a
159 surprise bill, as defined in section 38a-477aa.

160 (c) It shall be an unfair trade practice in violation of chapter 735a for
161 any health care provider to report to a credit reporting agency an
162 enrollee's failure to pay a bill for the services, facility fee or surprise bill
163 as set forth in subsection (b) of this section, when a health carrier has
164 primary responsibility for payment of such services, fees or bills.

165 Sec. 7. (NEW) (*Effective from passage*) Notwithstanding the provisions
166 of section 3-6c of the general statutes, the Governor may enter into a
167 compact, memorandum of understanding or agreement with any
168 federally recognized Indian tribe located within the geographical
169 boundaries of this state pursuant to which birth and death certificates
170 issued pursuant to chapter 93 of the general statutes concerning a birth
171 or death occurring on land held in trust by the United States for such
172 tribe shall be filed with and issued by the clerk or registrar of vital
173 statistics of such tribe in lieu of being filed with and issued by the
174 registrar of vital statistics of a town or municipality.

175 Sec. 8. Subsection (b) of section 20-195n of the 2024 supplement to the
176 general statutes is repealed and the following is substituted in lieu
177 thereof (*Effective from passage*):

178 (b) An applicant for licensure as a master social worker shall: (1) (A)
179 Hold a master's degree from a social work program (i) accredited by the
180 Council on Social Work Education, or (ii) that is in candidate status for
181 accreditation by said council and offered by an institution of higher
182 education in the state during or after the spring semester of 2024, and
183 prior to the fall semester of 2027, or [,] (B) if educated outside the United
184 States or its territories, have completed an educational program deemed
185 equivalent by the council; and (2) pass the masters level examination of
186 the Association of Social Work Boards or any other examination
187 prescribed by the commissioner.

188 Sec. 9. Section 20-252 of the general statutes is repealed and the
189 following is substituted in lieu thereof (*Effective October 1, 2024*):

190 (a) No person shall engage in the occupation of registered hairdresser
191 and cosmetician without having obtained a license from the
192 department. Persons desiring such licenses shall apply in writing on
193 forms furnished by the department. No license shall be issued, except a
194 renewal of a license, to a registered hairdresser and cosmetician unless
195 the applicant has shown to the satisfaction of the department that the
196 applicant has complied with the laws and the regulations administered
197 or adopted by the department. No applicant shall be licensed as a
198 registered hairdresser and cosmetician, except by renewal of a license,
199 until the applicant has made written application to the department,
200 setting forth by affidavit that the applicant has (1) (A) successfully
201 completed the ninth grade, (B) completed a course of not less than
202 fifteen hundred hours of study in a school approved in accordance with
203 the provisions of this chapter or in a school teaching hairdressing and
204 cosmetology under the supervision of the State Board of Education, or,
205 if trained outside of Connecticut, in a school teaching hairdressing and
206 cosmetology whose requirements are equivalent to those of a
207 Connecticut school, and (C) passed a written examination satisfactory

208 to the department, or (2) if the applicant is an apprentice, (A)
209 successfully completed the eighth grade, (B) completed an
210 apprenticeship approved by the Labor Department and conducted in
211 accordance with sections 31-22m to 31-22u, inclusive, and (C) passed a
212 written examination satisfactory to the Department of Public Health.
213 Examinations required for licensure under this chapter shall be
214 prescribed by the department with the advice and assistance of the
215 board. The department shall establish a passing score for examinations
216 with the advice and assistance of the board which shall be the same as
217 the passing score established in section 20-236.

218 (b) No person applying for licensure as a hairdresser and cosmetician
219 under this chapter shall be required to submit to a state or national
220 criminal history records check as a prerequisite to licensure.

221 (c) The commissioner shall notify each applicant who is approved to
222 take a written examination required under subsection (a) of this section
223 that such applicant may be eligible for testing accommodations
224 pursuant to the federal Americans with Disabilities Act, 42 USC 12101
225 et seq., as amended from time to time, or other accommodations, as
226 determined by the board, or its successor organization, which may
227 include the use of a dictionary while taking such examination and
228 additional time within which to take such examination.

229 Sec. 10. Section 20-12i of the general statutes is repealed and the
230 following is substituted in lieu thereof (*Effective October 1, 2024*):

231 (a) [On and after October 1, 2011, prior] Prior to engaging in the use
232 of fluoroscopy for guidance of diagnostic and therapeutic procedures, a
233 physician assistant or advanced practice registered nurse shall: (1)
234 Successfully complete a course that includes forty hours of didactic
235 instruction relevant to fluoroscopy which includes, but is not limited to,
236 radiation biology and physics, exposure reduction, equipment
237 operation, image evaluation, quality control and patient considerations;
238 (2) successfully complete a minimum of forty hours of supervised
239 clinical experience that includes a demonstration of patient dose

240 reduction, occupational dose reduction, image recording and quality
241 control of fluoroscopy equipment; and (3) pass an examination
242 prescribed by the Commissioner of Public Health. Documentation that
243 the physician assistant or advanced practice registered nurse has met
244 the requirements prescribed in this subsection shall be maintained at the
245 employment site of the physician assistant or advanced practice
246 registered nurse and made available to the Department of Public Health
247 upon request.

248 (b) Notwithstanding the provisions of this section or sections 20-74bb
249 and 20-74ee, nothing shall prohibit a physician assistant who is
250 engaging in the use of fluoroscopy for guidance of diagnostic and
251 therapeutic procedures or positioning and utilizing a mini C-arm in
252 conjunction with fluoroscopic procedures prior to October 1, 2011, from
253 continuing to engage in such procedures, or require the physician
254 assistant to complete the course or supervised clinical experience
255 described in subsection (a) of this section, provided such physician
256 assistant shall pass the examination prescribed by the commissioner on
257 or before September 1, 2012. If a physician assistant does not pass the
258 required examination on or before September 1, 2012, such physician
259 assistant shall not engage in the use of fluoroscopy for guidance of
260 diagnostic and therapeutic procedures or position and utilize a mini C-
261 arm in conjunction with fluoroscopic procedures until such time as such
262 physician assistant meets the requirements of subsection (a) of this
263 section.

264 Sec. 11. Subsection (b) of section 19a-508c of the 2024 supplement to
265 the general statutes is repealed and the following is substituted in lieu
266 thereof (*Effective October 1, 2024*):

267 (b) If a hospital or health system charges a facility fee utilizing a
268 current procedural terminology evaluation and management (CPT
269 E/M) code, [or] assessment and management (CPT A/M) code,
270 injection and infusion (CPT) code or drug administration (CPT) code for
271 outpatient services provided at a hospital-based facility where a
272 professional fee is also expected to be charged, the hospital or health

273 system shall provide the patient with a written notice that includes the
274 following information:

275 (1) That the hospital-based facility is part of a hospital or health
276 system and that the hospital or health system charges a facility fee that
277 is in addition to and separate from the professional fee charged by the
278 provider;

279 (2) (A) The amount of the patient's potential financial liability,
280 including any facility fee likely to be charged, and, where professional
281 medical services are provided by an affiliated provider, any professional
282 fee likely to be charged, or, if the exact type and extent of the
283 professional medical services needed are not known or the terms of a
284 patient's health insurance coverage are not known with reasonable
285 certainty, an estimate of the patient's financial liability based on typical
286 or average charges for visits to the hospital-based facility, including the
287 facility fee, (B) a statement that the patient's actual financial liability will
288 depend on the professional medical services actually provided to the
289 patient, (C) an explanation that the patient may incur financial liability
290 that is greater than the patient would incur if the professional medical
291 services were not provided by a hospital-based facility, and (D) a
292 telephone number the patient may call for additional information
293 regarding such patient's potential financial liability, including an
294 estimate of the facility fee likely to be charged based on the scheduled
295 professional medical services; and

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

300 Sec. 12. Subdivision (1) of subsection (l) of section 19a-508c of the 2024
301 supplement to the general statutes is repealed and the following is
302 substituted in lieu thereof (*Effective October 1, 2024*):

303 (l) (1) Notwithstanding the provisions of this section, no hospital,
304 health system or hospital-based facility shall collect a facility fee for (A)

305 outpatient health care services that use a current procedural
306 terminology evaluation and management (CPT E/M) code, [or]
307 assessment and management (CPT A/M) code, injection and infusion
308 (CPT) code or drug administration (CPT) code and are provided at a
309 hospital-based facility located off-site from a hospital campus, or (B)
310 outpatient health care services provided at a hospital-based facility
311 located off-site from a hospital campus received by a patient who is
312 uninsured of more than the Medicare rate.

313 Sec. 13. Subsection (d) of section 17a-673c of the 2024 supplement to
314 the general statutes is repealed and the following is substituted in lieu
315 thereof (*Effective from passage*):

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

320 Sec. 14. Subsection (c) of section 17a-674h of the 2024 supplement to
321 the general statutes is repealed and the following is substituted in lieu
322 thereof (*Effective from passage*):

323 (c) Not later than January 1, 2024, the Department of Mental Health
324 and Addiction Services, in collaboration with the Department of Public
325 Health, shall use the Opioid Antagonist Bulk Purchase Fund for the
326 provision of opioid antagonists to eligible entities and by emergency
327 medical services personnel to certain members of the public. Emergency
328 medical services personnel shall distribute an opioid antagonist kit
329 containing a personal supply of opioid antagonists and the one-page
330 fact sheet developed by the Connecticut Alcohol and Drug Policy
331 Council pursuant to section 17a-667a regarding the risks of taking an
332 opioid drug, symptoms of opioid use disorder and services available in
333 the state for persons who experience symptoms of or are otherwise
334 affected by opioid use disorder to a patient who (1) is treated by such
335 personnel for an overdose of an opioid drug, (2) displays symptoms to
336 such personnel of opioid use disorder, or (3) is treated at a location

337 where such personnel observes evidence of illicit use of an opioid drug,
338 or to such patient's family member, caregiver or friend who is present
339 at the location. Emergency medical services personnel shall refer the
340 patient or such patient's family member, caregiver or friend to the
341 written instructions regarding the administration of such opioid
342 antagonist, as deemed appropriate by such personnel.

343 Sec. 15. Subdivision (5) of subsection (a) of section 19a-77 of the 2024
344 supplement to the general statutes is repealed and the following is
345 substituted in lieu thereof (*Effective from passage*):

346 (5) ["Year-round" program] "Year-round program" means a program
347 open at least fifty weeks per year.

348 Sec. 16. Subsection (q) of section 19a-89e of the 2024 supplement to
349 the general statutes is repealed and the following is substituted in lieu
350 thereof (*Effective from passage*):

351 (q) The Commissioner of Public Health may order an audit of the
352 nurse staffing assignments of each hospital to determine compliance
353 with the nurse staffing assignments for each hospital unit set forth in the
354 nurse staffing plan developed pursuant to subsections (d) and (e) of this
355 section. Such audit may include an assessment of the hospital's
356 compliance with the requirements of this section for the content of such
357 plan, accuracy of reports submitted to the department and the
358 membership of the hospital staffing committee. In determining whether
359 to order an audit, the commissioner shall consider whether there has
360 been consistent noncompliance by the hospital with the nurse staffing
361 plan, fear of false reporting by the hospital [,] or any other health care
362 quality safety concerns. The hospital that is subject to the audit shall pay
363 the cost of the audit. The audit shall not affect the conduct by the
364 hospital of peer review as defined in section 19a-17b.

365 Sec. 17. Subsection (a) of section 19a-133c of the 2024 supplement to
366 the general statutes is repealed and the following is substituted in lieu
367 thereof (*Effective from passage*):

368 (a) As used in this section, "structural racism" means a system that
369 structures opportunity and assigns value in a way that
370 disproportionately and negatively impacts Black, Indigenous, Latino or
371 Asian people or other people of color, and "state agency" has the same
372 meaning as provided in section 1-79. The Commission on Racial Equity
373 in Public Health, established under section 19a-133a, shall recommend
374 best practices for state agencies to (1) evaluate structural racism within
375 their own policies, practices [.] and operations, and (2) create and
376 implement a plan, which includes the establishment of benchmarks for
377 improvement, to ultimately eliminate any such structural racism within
378 the agency.

379 Sec. 18. Subdivision (1) of subsection (k) of section 19a-508c of the
380 2024 supplement to the general statutes is repealed and the following is
381 substituted in lieu thereof (*Effective from passage*):

382 (k) (1) If any transaction described in subsection (c) of section 19a-
383 486i [.] results in the establishment of a hospital-based facility at which
384 facility fees may be billed, the hospital or health system, that is the
385 purchaser in such transaction shall, not later than thirty days after such
386 transaction, provide written notice, by first class mail, of the transaction
387 to each patient served within the three years preceding the date of the
388 transaction by the health care facility that has been purchased as part of
389 such transaction.

390 Sec. 19. Subdivision (21) of section 20-73e of the 2024 supplement to
391 the general statutes is repealed and the following is substituted in lieu
392 thereof (*Effective from passage*):

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

395 Sec. 20. Subparagraph (B) of subdivision (2) of subsection (b) of
396 section 20-87a of the 2024 supplement to the general statutes is repealed
397 and the following is substituted in lieu thereof (*Effective from passage*):

398 (B) An advanced practice registered nurse having been issued a

399 license pursuant to subsection (d) of section 20-94a who collaborated,
400 prior to the issuance of such license, with a physician licensed to practice
401 medicine in another state may count the time of such collaboration
402 toward the three-year requirement set forth in subparagraph (A) of this
403 [subsection] subdivision, provided such collaboration otherwise
404 satisfies the requirements set forth in said subparagraph.

405 Sec. 21. Subsection (d) of section 20-185aa of the 2024 supplement to
406 the general statutes is repealed and the following is substituted in lieu
407 thereof (*Effective from passage*):

408 (d) Any health care facility that employs or retains a surgical
409 technologist shall submit to the Department of Public Health, upon
410 request of the department, documentation [~~demonstration~~]
411 demonstrating that the surgical technologist is in compliance with the
412 requirements set forth in this section.

413 Sec. 22. Subsection (b) of section 38a-479jjj of the 2024 supplement to
414 the general statutes is repealed and the following is substituted in lieu
415 thereof (*Effective from passage*):

416 (b) On and after January 1, 2024, a contract entered into between a
417 pharmacy [~~benefit~~] benefits manager and a 340B covered entity shall not
418 contain any of the following provisions:

419 (1) A reimbursement rate for a prescription drug that is less than the
420 reimbursement rate paid to pharmacies that are not 340B covered
421 entities;

422 (2) A fee or adjustment that is not imposed on providers or
423 pharmacies that are not 340B covered entities;

424 (3) A fee or adjustment amount that exceeds the fee or adjustment
425 amount imposed on providers or pharmacies that are not 340B covered
426 entities;

427 (4) Any provision that prevents or interferes with a patient's choice
428 to receive a prescription drug from a 340B covered entity, including the

429 administration of the drug; and

430 (5) Any provision that excludes a 340B covered entity from pharmacy
431 [benefit] benefits manager networks based on the 340B covered entity's
432 participation in the federal 340B Drug Pricing Program.

433 Sec. 23. Subsection (d) of section 38a-518v of the 2024 supplement to
434 the general statutes is repealed and the following is substituted in lieu
435 thereof (*Effective from passage*):

436 (d) Nothing in this section shall prohibit or limit a health insurer,
437 health care center, hospital service corporation, medical service
438 corporation or other entity from conducting utilization review for an in-
439 home hospice [services] service, provided such utilization review is
440 conducted in the same manner and uses the same clinical review criteria
441 as a utilization review for the same hospice services provided in a
442 hospital.

443 Sec. 24. Subsection (c) of section 10-532 of the 2024 supplement to the
444 general statutes is repealed and the following is substituted in lieu
445 thereof (*Effective October 1, 2024*):

446 (c) When developing the program, said commissioners and executive
447 director [.] shall (1) consult with insurers that offer health benefit plans
448 in the state, hospitals, local public health authorities, existing early
449 childhood home visiting programs, community-based organizations
450 and social service providers; and (2) maximize the use of available
451 federal funding.

452 Sec. 25. Subsection (g) of section 19a-59j of the 2024 supplement to the
453 general statutes is repealed and the following is substituted in lieu
454 thereof (*Effective October 1, 2024*):

455 (g) Notwithstanding any provision of the general statutes, the
456 commissioner, or the commissioner's designee, may provide the infant
457 mortality review committee, established pursuant to section 19a-59k,
458 with information as is necessary, in the commissioner's discretion, for

459 the committee to make recommendations regarding the prevention of
460 infant deaths.

461 Sec. 26. Subdivision (3) of section 19a-111b of the 2024 supplement to
462 the general statutes is repealed and the following is substituted in lieu
463 thereof (*Effective October 1, 2024*):

464 (3) The commissioner shall establish a program for the detection of
465 sources of lead poisoning. Within available appropriations, such
466 program shall include the identification of dwellings in which paint,
467 plaster or other accessible substances contain toxic levels of lead and the
468 inspection of areas surrounding such dwellings for lead-containing
469 materials. Any person who detects a toxic level of lead, as defined by
470 the commissioner, shall report such findings to the commissioner. The
471 commissioner shall inform all interested parties, including, but not
472 limited to, the owner of the building, the occupants of the building,
473 enforcement officials and other necessary parties.

474 Sec. 27. Subsection (l) of section 19a-490 of the 2024 supplement to the
475 general statutes is repealed and the following is substituted in lieu
476 thereof (*Effective October 1, 2024*):

477 (l) "Assisted living services agency" means an agency that provides
478 chronic and stable individuals with services that include, but need not
479 be limited to, nursing services and assistance with activities of daily
480 living and may have a dementia special care unit or program as defined
481 in section 19a-562;

482 Sec. 28. Subdivisions (2) and (3) of subsection (b) of section 19a-181 of
483 the 2024 supplement to the general statutes are repealed and the
484 following is substituted in lieu thereof (*Effective October 1, 2024*):

485 (2) Each authorized emergency medical [service] services vehicle
486 shall be equipped with the equipment required for its specific vehicle
487 classification as specified in the 2022 Connecticut EMS Minimum
488 Equipment Checklist, as amended from time to time; and

489 (3) Each authorized emergency medical [service] services vehicle
 490 shall comply with all state and federal safety, design and equipment
 491 requirements.

492 Sec. 29. Subdivision (9) of subsection (c) of section 19a-493 of the 2024
 493 supplement to the general statutes is repealed and the following is
 494 substituted in lieu thereof (*Effective October 1, 2024*):

495 (9) The provisions of this subsection shall not apply in the event of a
 496 change of ownership or beneficial ownership of ten per cent or less of
 497 the ownership of a licensed outpatient surgical facility, as defined in
 498 section 19a-493b, resulting in a transfer to a physician licensed under
 499 chapter 370 if such facility provides information, in a form and manner
 500 prescribed by the commissioner, to update such facility's licensing
 501 information.

502 Sec. 30. Subdivision (2) of subsection (c) of section 19a-566 of the 2024
 503 supplement to the general statutes is repealed and the following is
 504 substituted in lieu thereof (*Effective October 1, 2024*):

505 (2) If a patient receiving birth center services no longer presents with
 506 a low-risk pregnancy, as defined in section 19a-490, as amended by this
 507 act, or otherwise fails to meet the patient eligibility criteria described in
 508 subparagraph (A) of subdivision (1) of this subsection, the birth center
 509 providing such services shall ensure the patient's care is transferred to a
 510 licensed health care provider capable of providing the appropriate level
 511 of obstetrical care for the patient.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-6s
Sec. 2	<i>October 1, 2024</i>	19a-127n(b)
Sec. 3	<i>October 1, 2024</i>	19a-197a
Sec. 4	<i>July 1, 2024</i>	20-195c(a)
Sec. 5	<i>October 1, 2024</i>	19a-508c(l)(3)
Sec. 6	<i>October 1, 2024</i>	20-7f
Sec. 7	<i>from passage</i>	New section

Sec. 8	<i>from passage</i>	20-195n(b)
Sec. 9	<i>October 1, 2024</i>	20-252
Sec. 10	<i>October 1, 2024</i>	20-12i
Sec. 11	<i>October 1, 2024</i>	19a-508c(b)
Sec. 12	<i>October 1, 2024</i>	19a-508c(l)(1)
Sec. 13	<i>from passage</i>	17a-673c(d)
Sec. 14	<i>from passage</i>	17a-674h(c)
Sec. 15	<i>from passage</i>	19a-77(a)(5)
Sec. 16	<i>from passage</i>	19a-89e(q)
Sec. 17	<i>from passage</i>	19a-133c(a)
Sec. 18	<i>from passage</i>	19a-508c(k)(1)
Sec. 19	<i>from passage</i>	20-73e(21)
Sec. 20	<i>from passage</i>	20-87a(b)(2)(B)
Sec. 21	<i>from passage</i>	20-185aa(d)
Sec. 22	<i>from passage</i>	38a-479jjj(b)
Sec. 23	<i>from passage</i>	38a-518v(d)
Sec. 24	<i>October 1, 2024</i>	10-532(c)
Sec. 25	<i>October 1, 2024</i>	19a-59j(g)
Sec. 26	<i>October 1, 2024</i>	19a-111b(3)
Sec. 27	<i>October 1, 2024</i>	19a-490(l)
Sec. 28	<i>October 1, 2024</i>	19a-181(b)(2) and (3)
Sec. 29	<i>October 1, 2024</i>	19a-493(c)(9)
Sec. 30	<i>October 1, 2024</i>	19a-566(c)(2)

Statement of Purpose:

To make various revisions to the public health statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]