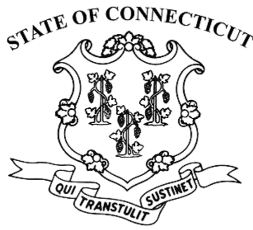

General Assembly **Amendment**

January Session, 2023 LCO No. **8253**

Offered by:
SEN. ANWAR, 3rd Dist.
SEN. SOMERS, 18th Dist.

To: Senate Bill No. **9** File No. 507 Cal. No. 303

"AN ACT CONCERNING HEALTH AND WELLNESS FOR CONNECTICUT RESIDENTS."

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

3 "Section 1. (NEW) (*Effective from passage*) (a) As used in this section,
4 (1) "assisted reproductive technology" has the same meaning as
5 provided in 42 USC 263a-7, as amended from time to time, and (2)
6 "assisted reproduction" has the same meaning as provided in section
7 46b-451 of the general statutes.

8 (b) No person or entity may prohibit or unreasonably limit any
9 person from (1) accessing assisted reproductive technology or assisted
10 reproduction, (2) continuing or completing an ongoing assisted
11 reproductive technology treatment or procedure or an ongoing assisted
12 reproduction treatment or procedure pursuant to a written plan or
13 agreement with a health care provider, or (3) retaining all rights
14 regarding the use of reproductive genetic materials, including, but not

15 limited to, gametes.

16 (c) No person or entity may prohibit or unreasonably limit a health
17 care provider who is licensed, certified or otherwise authorized to
18 perform assisted reproductive technology treatments or procedures or
19 assisted reproduction treatments or procedures from (1) performing any
20 such treatment or procedure, or (2) providing evidence-based
21 information related to assisted reproductive technology or assisted
22 reproduction.

23 Sec. 2. (*Effective July 1, 2023*) The Commissioner of Social Services
24 shall adjust Medicaid reimbursement criteria to provide funding for
25 same-day access to long-acting reversible contraceptives at federally
26 qualified health centers. As used in this section, "long-acting reversible
27 contraceptive" means any method of contraception that does not have
28 to be used or applied more than once a menstrual cycle or once a month.

29 Sec. 3. (*Effective from passage*) (a) As used in this section:

30 (1) "Harm reduction center" means a medical facility where a person
31 with a substance use disorder may (A) receive substance use disorder
32 and other mental health counseling, (B) use a test strip to test a substance
33 for traces of fentanyl or xylazine, or traces of any other substance
34 recognized by the Commissioner of Mental Health and Addiction
35 Services as having a high risk of causing an overdose, (C) receive
36 educational information regarding opioid antagonists, as defined in
37 section 17a-714a of the general statutes, and the risks of contracting
38 diseases from sharing hypodermic needles, (D) receive referrals to
39 substance use disorder treatment services, and (E) receive access to basic
40 support services, including, but not limited to, laundry machines, a
41 bathroom, a shower and a place to rest; and

42 (2) "Test strip" means a product that a person may use to test any
43 substance prior to injection, inhalation or ingestion of the substance to
44 prevent accidental overdose by injection, inhalation or ingestion of the
45 substance.

46 (b) Not later than July 1, 2027, the Department of Mental Health and
47 Addiction Services, in consultation with the Department of Public
48 Health, shall establish a pilot program to prevent drug overdoses
49 through the establishment of harm reduction centers in three
50 municipalities in the state selected by the Commissioner of Mental
51 Health and Addiction Services, subject to the approval of the chief
52 elected officials of each municipality selected by said commissioner. No
53 harm reduction center established pursuant to this subsection shall be
54 subject to regulation by the Department of Public Health until the
55 termination of the pilot program.

56 (c) Each harm reduction center established pursuant to subsection (b)
57 of this section shall (1) employ persons, including, but not limited to,
58 licensed health care providers with experience treating persons with
59 substance use disorders to provide substance use disorder or other
60 mental health counseling and monitor persons utilizing the harm
61 reduction center for the purpose of providing medical treatment to any
62 person who experiences symptoms of an overdose, in a number
63 determined sufficient by the Commissioner of Mental Health and
64 Addiction Services, (2) provide persons with test strips at the request of
65 such persons, and (3) provide referrals for substance use disorder or
66 other mental health counseling or other mental health or medical
67 treatment services that may be appropriate for persons utilizing the
68 harm reduction center. A licensed health care provider's participation in
69 the pilot program shall not be grounds for disciplinary action by the
70 Department of Public Health pursuant to section 19a-17 of the general
71 statutes or by any board or commission listed in subsection (b) of section
72 19a-14 of the general statutes.

73 (d) The Commissioner of Mental Health and Addiction Services may
74 request a disbursement of funds from the Opioid Settlement Fund
75 established pursuant to section 17a-674c of the general statutes to fund,
76 in whole or in part, the establishment and administration of the pilot
77 program.

78 Sec. 4. Subsection (b) of section 19a-638 of the general statutes is

79 repealed and the following is substituted in lieu thereof (*Effective from*
80 *passage*):

81 (b) A certificate of need shall not be required for:

82 (1) Health care facilities owned and operated by the federal
83 government;

84 (2) The establishment of offices by a licensed private practitioner,
85 whether for individual or group practice, except when a certificate of
86 need is required in accordance with the requirements of section 19a-
87 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

88 (3) A health care facility operated by a religious group that
89 exclusively relies upon spiritual means through prayer for healing;

90 (4) Residential care homes, as defined in subsection (c) of section 19a-
91 490, and nursing homes and rest homes, as defined in subsection (o) of
92 section 19a-490;

93 (5) An assisted living services agency, as defined in section 19a-490;

94 (6) Home health agencies, as defined in section 19a-490;

95 (7) Hospice services, as described in section 19a-122b;

96 (8) Outpatient rehabilitation facilities;

97 (9) Outpatient chronic dialysis services;

98 (10) Transplant services;

99 (11) Free clinics, as defined in section 19a-630;

100 (12) School-based health centers and expanded school health sites, as
101 such terms are defined in section 19a-6r, community health centers, as
102 defined in section 19a-490a, not-for-profit outpatient clinics licensed in
103 accordance with the provisions of chapter 368v and federally qualified
104 health centers;

105 (13) A program licensed or funded by the Department of Children
106 and Families, provided such program is not a psychiatric residential
107 treatment facility;

108 (14) Any nonprofit facility, institution or provider that has a contract
109 with, or is certified or licensed to provide a service for, a state agency or
110 department for a service that would otherwise require a certificate of
111 need. The provisions of this subdivision shall not apply to a short-term
112 acute care general hospital or children's hospital, or a hospital or other
113 facility or institution operated by the state that provides services that are
114 eligible for reimbursement under Title XVIII or XIX of the federal Social
115 Security Act, 42 USC 301, as amended;

116 (15) A health care facility operated by a nonprofit educational
117 institution exclusively for students, faculty and staff of such institution
118 and their dependents;

119 (16) An outpatient clinic or program operated exclusively by or
120 contracted to be operated exclusively by a municipality, municipal
121 agency, municipal board of education or a health district, as described
122 in section 19a-241;

123 (17) A residential facility for persons with intellectual disability
124 licensed pursuant to section 17a-227 and certified to participate in the
125 Title XIX Medicaid program as an intermediate care facility for
126 individuals with intellectual disabilities;

127 (18) Replacement of existing imaging equipment if such equipment
128 was acquired through certificate of need approval or a certificate of need
129 determination, provided a health care facility, provider, physician or
130 person notifies the unit of the date on which the equipment is replaced
131 and the disposition of the replaced equipment;

132 (19) Acquisition of cone-beam dental imaging equipment that is to be
133 used exclusively by a dentist licensed pursuant to chapter 379;

134 (20) The partial or total elimination of services provided by an

135 outpatient surgical facility, as defined in section 19a-493b, except as
136 provided in subdivision (6) of subsection (a) of this section and section
137 19a-639e;

138 (21) The termination of services for which the Department of Public
139 Health has requested the facility to relinquish its license;

140 (22) Acquisition of any equipment by any person that is to be used
141 exclusively for scientific research that is not conducted on humans; **[**or**]**

142 (23) On or before June 30, 2026, an increase in the licensed bed
143 capacity of a mental health facility, provided (A) the mental health
144 facility demonstrates to the unit, in a form and manner prescribed by
145 the unit, that it accepts reimbursement for any covered benefit provided
146 to a covered individual under: (i) An individual or group health
147 insurance policy providing coverage of the type specified in
148 subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-
149 insured employee welfare benefit plan established pursuant to the
150 federal Employee Retirement Income Security Act of 1974, as amended
151 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,
152 and (B) if the mental health facility does not accept or stops accepting
153 reimbursement for any covered benefit provided to a covered
154 individual under a policy, plan or program described in clause (i), (ii) or
155 (iii) of subparagraph (A) of this subdivision, a certificate of need for such
156 increase in the licensed bed capacity shall be required; or

157 (24) The establishment of harm reduction centers through the pilot
158 program established pursuant to section 3 of this act.

159 Sec. 5. (NEW) (*Effective October 1, 2023*) (a) As used in this section, (1)
160 "eligible entity" means a (A) municipality, (B) local or regional board of
161 education, (C) similar body governing one or more nonpublic schools,
162 (D) district department of health, (E) municipal health department, or
163 (F) law enforcement agency, and (2) "opioid antagonist" means naloxone
164 hydrochloride or any other similarly acting and equally safe drug
165 approved by the federal Food and Drug Administration for the
166 treatment of a drug overdose.

167 (b) There is established an Opioid Antagonist Bulk Purchase Fund
168 which shall be a separate nonlapsing account within the General Fund.
169 The account shall contain any (1) amounts appropriated or otherwise
170 made available by the state for the purposes of this section, (2) moneys
171 required by law to be deposited in the account, and (3) gifts, grants,
172 donations or bequests made for the purposes of this section. Investment
173 earnings credited to the assets of the account shall become part of the
174 assets of the account. Any balance remaining in the account at the end
175 of any fiscal year shall be carried forward in the account for the fiscal
176 year next succeeding. The State Treasurer shall administer the account.
177 All moneys deposited in the account shall be used by the Department of
178 Mental Health and Addiction Services for the purposes of this section.
179 The department may deduct and retain from the moneys in the account
180 an amount equal to the costs incurred by the department in
181 administering the provisions of this section, except that said amount
182 shall not exceed two per cent of the moneys deposited in the account in
183 any fiscal year.

184 (c) The Department of Mental Health and Addiction Services shall
185 use the Opioid Antagonist Bulk Purchase Fund to make grants to
186 eligible entities for the purchase of large quantities of opioid antagonists
187 in bulk at a discounted price. The department may contract with a
188 wholesaler of prescription drugs for the purchasing and distribution of
189 opioid antagonists in bulk.

190 (d) The Commissioner of Mental Health and Addiction Services shall
191 include in the state substance use disorder plan developed pursuant to
192 subsection (j) of section 17a-451 of the general statutes the following
193 information: (1) The number of grants applications received, (2) the
194 number of eligible entities that received grants under this section, (3) the
195 amount in grants made to each such eligible entity, (4) the amount of
196 opioid antagonists purchased by each such eligible entity, (5) the use of
197 the opioid antagonists purchased with such grants by each such eligible
198 entity, if known by the commissioner, and (6) any recommendations
199 regarding the Opioid Antagonist Bulk Purchase Fund, including any
200 proposed legislation to facilitate the purposes of this section.

201 Sec. 6. Section 20-14o of the general statutes is repealed and the
202 following is substituted in lieu thereof (*Effective October 1, 2023*):

203 (a) As used in this section:

204 (1) "Opioid drug" has the same meaning as provided in 42 CFR 8.2,
205 as amended from time to time;

206 (2) "Adult" means a person who is at least eighteen years of age;

207 (3) "Prescribing practitioner" has the same meaning as provided in
208 section 20-14c;

209 (4) "Minor" means a person who is under eighteen years of age;

210 (5) "Opioid agonist" means a medication that binds to the opiate
211 receptors and provides relief to individuals in treatment for abuse of or
212 dependence on an opioid drug;

213 (6) "Opiate receptor" means a specific site on a cell surface that
214 interacts in a highly selective fashion with an opioid drug;

215 (7) "Palliative care" means specialized medical care to improve the
216 quality of life of patients and their families facing the problems
217 associated with a life-threatening illness; and

218 (8) "Opioid antagonist" has the same meaning as provided in section
219 17a-714a.

220 (b) When issuing a prescription for an opioid drug to an adult patient
221 for the first time for outpatient use, a prescribing practitioner who is
222 authorized to prescribe an opioid drug shall not issue a prescription for
223 more than a seven-day supply of such drug, as recommended in the
224 National Centers for Disease Control and Prevention's Guideline for
225 Prescribing Opioids for Chronic Pain.

226 (c) A prescribing practitioner shall not issue a prescription for an
227 opioid drug to a minor for more than a five-day supply of such drug.

228 (d) Notwithstanding the provisions of subsections (b) and (c) of this
229 section, if, in the professional medical judgment of a prescribing
230 practitioner, more than a seven-day supply of an opioid drug is required
231 to treat an adult patient's acute medical condition, or more than a five-
232 day supply of an opioid drug is required to treat a minor patient's acute
233 medical condition, as determined by the prescribing practitioner, or is
234 necessary for the treatment of chronic pain, pain associated with a
235 cancer diagnosis or for palliative care, then the prescribing practitioner
236 may issue a prescription for the quantity needed to treat the acute
237 medical condition, chronic pain, pain associated with a cancer diagnosis
238 or pain experienced while the patient is in palliative care. The condition
239 triggering the prescription of an opioid drug for more than a seven-day
240 supply for an adult patient or more than a five-day supply for a minor
241 patient shall be documented in the patient's medical record and the
242 practitioner shall indicate that an alternative to the opioid drug was not
243 appropriate to address the medical condition.

244 (e) The provisions of subsections (b), (c) and (d) of this section shall
245 not apply to medications designed for the treatment of abuse of or
246 dependence on an opioid drug, including, but not limited to, opioid
247 agonists and opioid antagonists.

248 (f) When issuing a prescription for an opioid drug to an adult or
249 minor patient, the prescribing practitioner shall (1) discuss with the
250 patient the risks associated with the use of such opioid drug, including,
251 but not limited to, the risks of addiction and overdose associated with
252 opioid drugs and the dangers of taking opioid drugs with alcohol,
253 benzodiazepines and other central nervous system depressants, and the
254 reasons the prescription is necessary, and, if applicable, with the
255 custodial parent, guardian or other person having legal custody of the
256 minor patient if such parent, guardian or other person is present at the
257 time of issuance of the prescription, and (2) encourage the patient and,
258 if applicable, the custodial parent, guardian or other person having legal
259 custody of the minor patient if such parent, guardian or other person is
260 present at the time of issuance of the prescription, to obtain an opioid
261 antagonist.

262 Sec. 7. (NEW) (*Effective July 1, 2023*) (a) As used in this section:

263 (1) "Emergency medical services personnel" has the same meaning as
264 provided in section 19a-175 of the general statutes;

265 (2) "Opioid antagonist" means naloxone hydrochloride or any other
266 similarly acting and equally safe drug approved by the federal Food and
267 Drug Administration for the treatment of a drug overdose;

268 (3) "Opioid use disorder" means a medical condition characterized by
269 a problematic pattern of opioid use and misuse leading to clinically
270 significant impairment or distress;

271 (4) "Opioid drug" has the same meaning as provided in 42 CFR 8.2,
272 as amended from time to time; and

273 (5) "Pharmacist" has the same meaning as provided in section 20-609a
274 of the general statutes.

275 (b) Not later than January 1, 2024, the Office of Emergency Medical
276 Services, in collaboration with the Departments of Mental Health and
277 Addiction Services and Consumer Protection, shall develop a program
278 for the provision of opioid antagonists and related information by
279 emergency medical services personnel to certain members of the public.
280 Emergency medical services personnel shall distribute an opioid
281 antagonist kit containing a personal supply of opioid antagonists and
282 the one-page fact sheet developed by the Connecticut Alcohol and Drug
283 Policy Council pursuant to section 17a-667a of the general statutes
284 regarding the risks of taking an opioid drug, symptoms of opioid use
285 disorder and services available in the state for persons who experience
286 symptoms of or are otherwise affected by opioid use disorder to a
287 patient who (1) is treated by such personnel for an overdose of an opioid
288 drug, (2) displays symptoms to such personnel of opioid use disorder,
289 or (3) is treated at a location where such personnel observes evidence of
290 illicit use of an opioid drug, or to such patient's family member,
291 caregiver or friend who is present at the location. Emergency medical
292 services personnel shall refer the patient or such patient's family

293 member, caregiver or friend to the written instructions regarding the
294 administration of such opioid antagonist, as deemed appropriate by
295 such personnel.

296 (c) Emergency medical services organizations may obtain opioid
297 antagonists for dissemination through the program developed pursuant
298 to subsection (b) of this section from a pharmacist pursuant to section
299 20-633c, 20-633d or 21a-286 of the general statutes.

300 (d) Emergency medical services personnel shall document the
301 number of opioid antagonist kits distributed pursuant to subsection (b)
302 of this section, including, but not limited to, the number of doses of an
303 opioid antagonist included in each kit.

304 (e) Not later than January 1, 2025, and annually thereafter, the
305 executive director of the Office of Emergency Medical Services shall
306 report, in accordance with the provisions of section 11-4a of the general
307 statutes, to the joint standing committee of the General Assembly
308 having cognizance of matters relating to public health regarding the
309 implementation of the program developed pursuant to subsection (b) of
310 this section, including, but not limited to, information contained in the
311 documentation prepared pursuant to subsection (d) of this section.

312 (f) The Department of Public Health may adopt regulations, in
313 accordance with the provisions of chapter 54 of the general statutes, to
314 implement the provisions of this section.

315 Sec. 8. (NEW) (*Effective July 1, 2023*) (a) The Commissioner of
316 Education shall establish a Health Care Career Advisory Council
317 consisting of the following members:

318 (1) A representative of an association of hospitals in the state;

319 (2) A representative of a medical society in the state;

320 (3) A representative of the Connecticut chapter of a national
321 association of nurse practitioners;

322 (4) A representative of an association of nurses in the state;

323 (5) A representative of an association of physician assistants in the
324 state;

325 (6) A representative of the Connecticut chapter of a national
326 association of social workers;

327 (7) A representative of the Connecticut chapter of a national
328 association of psychologists in the state;

329 (8) A representative of an association of pharmacists in the state;

330 (9) A representative of a technology company that educates and
331 trains individuals through virtual reality regarding various health care
332 fields;

333 (10) A representative of an association of emergency medical
334 technicians and paramedics in the state; and

335 (11) A representative of an association of health care facilities that
336 provide long-term care in the state.

337 (b) The advisory council shall advise the Commissioner of Education
338 concerning the development of a health care career program consisting
339 of (1) the promotion of the health care professions as career options to
340 students in middle and high school, including, but not limited to,
341 through career day presentations regarding health care career
342 opportunities in the state, the development of partnerships with health
343 care career education programs in the state and the creation of
344 counseling programs directed to high school students in order to inform
345 them about and recruit them to the health care professions, and (2) job
346 shadowing and internship experiences in health care fields for high
347 school students.

348 (c) Members shall receive no compensation except for reimbursement
349 for necessary expenses incurred in performing their duties.

350 (d) The Commissioner of Education shall schedule the first meeting
351 of the advisory council, which shall be held not later than September 1,
352 2023. The members shall elect the chairperson of the advisory council
353 from among the members of the council. A majority of the council
354 members shall constitute a quorum. A majority vote of a quorum shall
355 be required for any official action of the advisory council. The advisory
356 council shall meet upon the call of the chairperson or upon the majority
357 request of the council members.

358 (e) Not later than January 1, 2024, and not less than annually
359 thereafter, the advisory council shall submit a report, in accordance with
360 the provisions of section 11-4a of the general statutes, on its
361 recommendations to the Commissioner of Education and to the joint
362 standing committees of the General Assembly having cognizance of
363 matters relating to education and public health.

364 (f) The Commissioner of Education shall notify each local and
365 regional board of education of the advisory council's recommendations
366 not later than thirty days after the commissioner's receipt of the advisory
367 council's report containing such recommendations.

368 Sec. 9. (*Effective from passage*) (a) The Office of Workforce Strategy
369 shall convene a working group to develop recommendations for
370 expanding the nursing workforce in the state. The working group shall
371 evaluate the following: (1) The quality of the nursing and nurse's aides
372 education programs in the state; (2) the quality of the clinical training
373 programs for nurses and nurse's aides in the state; (3) the potential for
374 increasing the number of clinical training sites for nurses and nurse's
375 aides; (4) the expansion of clinical training facilities in the state for
376 nurses and nurse's aides; and (5) barriers to recruitment and retention
377 of nurses and nurse's aides.

378 (b) The working group shall consist of the following members:

379 (1) Two representatives of a labor organization representing acute
380 care hospital workers in the state;

381 (2) Two representatives of a labor organization representing nurses
382 and nurse's aides employed by the state of Connecticut or a hospital or
383 long-term care facility in the state;

384 (3) Two representatives of a labor organization representing faculty
385 and professional staff at the regional community-technical colleges;

386 (4) The chairperson of the Board of Regents for Higher Education, or
387 the chairperson's designee;

388 (5) The president of the Connecticut State Colleges and Universities,
389 or the president's designee;

390 (6) The president of The University of Connecticut, or the president's
391 designee;

392 (7) One member of the administration of The University of
393 Connecticut Health Center;

394 (8) Two representatives of the Connecticut Conference of
395 Independent Colleges;

396 (9) The Commissioner of Public Health, or the commissioner's
397 designee;

398 (10) The Commissioner of Social Services, or the commissioner's
399 designee;

400 (11) The Commissioner of Administrative Services, or the
401 commissioner's designee;

402 (12) The Secretary of the Office of Policy and Management, or the
403 secretary's designee;

404 (13) A representative of the State Board of Examiners for Nursing;

405 (14) The chairpersons and ranking members of the joint standing
406 committee of the General Assembly having cognizance of matters
407 relating to public health, or the chairpersons' and ranking members'

408 designees; and

409 (15) The chairpersons and ranking members of the joint standing
410 committee of the General Assembly having cognizance of matters
411 relating to higher education and employment advancement, or the
412 chairpersons' and ranking members' designees.

413 (c) The cochairpersons of the working group shall be the
414 Commissioner of Public Health, or the commissioner's designee, and the
415 chairperson of the Board of Regents for Higher Education, or the
416 president's designee. The cochairpersons shall schedule the first
417 meeting of the working group, which shall be held not later than sixty
418 days after the effective date of this section.

419 (d) Not later than January 1, 2024, the working group shall submit a
420 report, in accordance with the provisions of section 11-4a of the general
421 statutes, to the joint standing committees of the General Assembly
422 having cognizance of matters relating to public health and higher
423 education and employment advancement on its findings and any
424 recommendations for improving the recruitment and retention of
425 nurses and nurse's aides in the state, including, but not limited to, a five-
426 year plan and a ten-year plan for increasing the nursing workforce in
427 the state. The working group shall terminate on the date that it submits
428 such report or January 1, 2024, whichever is later.

429 Sec. 10. (NEW) (*Effective July 1, 2023*) On and after January 1, 2024,
430 notwithstanding any provision of title 10a of the general statutes, each
431 public institution of higher education shall consider any licensed health
432 care provider who (1) has not less than ten years of clinical health care
433 experience in a field in which such provider is licensed, and (2) applies
434 for a position as an adjunct faculty member at such institution of higher
435 education in a health care related field in which such provider has such
436 experience, to be a qualified applicant for such position and give such
437 provider the same consideration as any other qualified applicant for
438 such position. As used in this section, "public institution of higher
439 education" means those constituent units identified in subdivisions (1)

440 and (2) of section 10a-1 of the general statutes.

441 Sec. 11. (NEW) (*Effective July 1, 2023*) (a) On or before January 1, 2024,
442 the Office of Higher Education shall establish and administer an adjunct
443 professor incentive grant program. The program shall provide an
444 incentive grant in an amount of twenty thousand dollars to each
445 licensed health care provider who (1) accepts a position as an adjunct
446 professor at a public institution of higher education that was offered to
447 such provider after being considered as an applicant for such position
448 pursuant to section 10 of this act, and (2) remains in such position for
449 not less than one academic year. Each licensed health care provider who
450 receives a grant under this subsection shall be eligible for an additional
451 grant in an amount of twenty thousand dollars if the provider remains
452 in such position for not less than two academic years. The executive
453 director of the Office of Higher Education shall establish the application
454 process for the grant program.

455 (b) Not later than January 1, 2025, and annually thereafter, the
456 executive director of the Office of Higher Education shall report, in
457 accordance with the provisions of section 11-4a of the general statutes,
458 to the joint standing committee of the General Assembly having
459 cognizance of matters relating to public health regarding the number
460 and demographics of the adjunct professors who applied for and
461 received incentive grants from the adjunct professor grant program
462 established under subsection (a) of this section, the number and types
463 of classes taught by such adjunct professors, the institutions of higher
464 education employing such adjunct professors and any other
465 information deemed pertinent by the executive director.

466 Sec. 12. (NEW) (*Effective July 1, 2023*) (a) As used in this section,
467 "personal care attendant", "consumer" and "personal care assistance"
468 have the same meanings as provided in section 17b-706 of the general
469 statutes.

470 (b) Not later than January 1, 2024, the Department of Social Services
471 shall establish and administer a personal care attendants career

472 pathways program to improve the quality of care offered by personal
473 care attendants and incentivize the recruitment and retention of
474 personal care attendants in the state. A personal care attendant who is
475 not employed by a consumer, but who is eligible for employment by a
476 consumer, may participate in the program following the completion of
477 a program orientation developed by the Commissioner of Social
478 Services.

479 (c) The career pathways program shall include, but need not be
480 limited to, the following objectives:

481 (1) Increase in employment retention and recruitment of personal
482 care attendants to maintain a stable workforce for consumers, including,
483 but not limited to, through the creation of career pathways for such
484 attendants that improve skill and knowledge and increase wages;

485 (2) Dignity in providing and receiving care through meaningful
486 collaboration between consumers and personal care attendants;

487 (3) Improvement in the quality of personal care assistance and the
488 overall quality of life of the consumer;

489 (4) Advancement of equity in the provision of personal care
490 assistance;

491 (5) Promotion of a culturally and linguistically competent workforce
492 of personal attendants to serve the growing racial, ethnic and linguistic
493 diversity of an aging population of consumers; and

494 (6) Promotion of self-determination principles by personal care
495 attendants.

496 (d) The Commissioner of Social Services shall offer the following
497 career pathways as part of the career pathways program:

498 (1) The basic skills career pathways, including (A) general health and
499 safety, and (B) adult education topics; and

500 (2) The specialized skills career pathways, including (A) cognitive
501 impairments and behavioral health, (B) complex physical care needs,
502 and (C) transitioning to home and community-based living from out-of-
503 home care or homelessness.

504 (e) The Commissioner of Social Services shall develop or identify, in
505 consultation with a labor management committee at a hospital or health
506 care organization, the training curriculum for each career pathway of
507 the career pathways program.

508 (f) Not later than January 1, 2025, the Commissioner of Social Services
509 shall report in accordance with the provisions of section 11-4a of the
510 general statutes, to the joint standing committees of the General
511 Assembly having cognizance of matters relating to human services and
512 public health, on the following information concerning the career
513 pathways program:

514 (1) The number of personal care attendants who enrolled in the
515 program and types of career pathways chosen by each attendant;

516 (2) The number of personal care attendants who successfully
517 completed a career pathway and the types of career pathways
518 completed by each attendant;

519 (3) The effectiveness of the program, as determined by surveys, focus
520 groups and interviews of personal care attendants, and whether the
521 successful completion of a career pathway resulted in a related license
522 or certificate for each personal care attendant or the retention of
523 employment as a personal care attendant;

524 (4) The number of personal care attendants who were employed by a
525 consumer with specialized care needs after completing a specialized
526 career pathway and who were retained in employment by such
527 consumer for a period of not less than six months; and

528 (5) The number of personal care attendants who were employed by a
529 consumer with specialized care needs after completing a specialized

530 career pathway and were retained in employment by such consumer for
531 a period of at least twelve months.

532 Sec. 13. (NEW) (*Effective October 1, 2023*) (a) As used in this section,
533 (1) "board eligible" means eligible to take a qualifying examination
534 administered by a medical specialty board after having graduated from
535 a medical school, completed a residency program and trained under
536 supervision in a specialty fellowship program, (2) "board certified"
537 means having passed the qualifying examination administered by a
538 medical specialty board to become board certified in a particular
539 specialty, and (3) "board recertification" means recertification in a
540 particular specialty after a predetermined time period prescribed by a
541 medical specialty board after having passed the qualifying examination
542 administered by the medical specialty board to become board certified
543 in a particular specialty.

544 (b) No hospital, or medical review committee of a hospital, shall
545 require, as part of its credentialing requirements (1) for a board eligible
546 physician to acquire privileges to practice in the hospital, that the
547 physician provide credentials of board certification in a particular
548 specialty until five years after the date on which the physician became
549 board eligible in such specialty, or (2) for a board certified physician to
550 acquire or retain privileges to practice in the hospital, that the physician
551 provide credentials of board recertification.

552 Sec. 14. Section 20-14p of the general statutes is repealed and the
553 following is substituted in lieu thereof (*Effective July 1, 2023*):

554 (a) For purposes of this section: (1) "Covenant not to compete" means
555 any provision of an employment or other contract or agreement that
556 creates or establishes a professional relationship with a physician and
557 restricts the right of a physician to practice medicine in any geographic
558 area of the state for any period of time after the termination or cessation
559 of such partnership, employment or other professional relationship; (2)
560 "physician" means an individual licensed to practice medicine under
561 this chapter; and (3) "primary site where such physician practices"

562 means (A) the office, facility or location where a majority of the revenue
563 derived from such physician's services is generated, or (B) any other
564 office, facility or location where such physician practices and mutually
565 agreed to by the parties and identified in the covenant not to compete.

566 (b) (1) A covenant not to compete that is entered into, amended,
567 extended or renewed prior to October 1, 2023, is valid and enforceable
568 only if it is: (A) Necessary to protect a legitimate business interest; (B)
569 reasonably limited in time, geographic scope and practice restrictions as
570 necessary to protect such business interest; and (C) otherwise consistent
571 with the law and public policy. The party seeking to enforce a covenant
572 not to compete shall have the burden of proof in any proceeding.

573 (2) A covenant not to compete that is entered into, amended,
574 extended or renewed on or after July 1, 2016, but before September 30,
575 2023, shall not: (A) Restrict the physician's competitive activities (i) for
576 a period of more than one year, and (ii) in a geographic region of more
577 than fifteen miles from the primary site where such physician practices;
578 or (B) be enforceable against a physician if (i) such employment contract
579 or agreement was not made in anticipation of, or as part of, a
580 partnership or ownership agreement and such contract or agreement
581 expires and is not renewed, unless, prior to such expiration, the
582 employer makes a bona fide offer to renew the contract on the same or
583 similar terms and conditions, or (ii) the employment or contractual
584 relationship is terminated by the employer, unless such employment or
585 contractual relationship is terminated for cause.

586 (3) Each covenant not to compete entered into, amended or renewed
587 on and after July 1, 2016, until September 30, 2023, shall be separately
588 and individually signed by the physician.

589 (4) On and after October 1, 2023, no employment, partnership or
590 ownership contract or agreement entered into, amended or renewed
591 shall contain a covenant not to compete and each covenant not to
592 compete entered into, amended or renewed on and after said date shall
593 be void and unenforceable.

594 (c) The remaining provisions of any contract or agreement that
595 includes a covenant not to compete that is rendered void and
596 unenforceable, in whole or in part, under the provisions of this section
597 shall remain in full force and effect, including provisions that require
598 the payment of damages resulting from any injury suffered by reason of
599 termination of such contract or agreement.

600 Sec. 15. (NEW) (*Effective July 1, 2023*) (a) For purposes of this section:
601 (1) "Covenant not to compete" means any provision of an employment
602 or other contract or agreement that creates or establishes a professional
603 relationship with an advanced practice registered nurse and restricts the
604 right of an advanced practice registered nurse to provide health care
605 services as an advanced practice registered nurse in any geographic area
606 of the state for any period of time after the termination or cessation of
607 such partnership, employment or other professional relationship; and
608 (2) "advanced practice registered nurse" means an individual licensed
609 as an advanced practice registered nurse pursuant to chapter 378 of the
610 general statutes.

611 (b) On and after October 1, 2023, no employment, partnership or
612 ownership contract or agreement entered into, amended or renewed
613 shall contain a covenant not to compete and each covenant not to
614 compete entered into, amended or renewed on and after said date shall
615 be void and unenforceable.

616 (c) The remaining provisions of any contract or agreement that
617 includes a covenant not to compete that is rendered void and
618 unenforceable, in whole or in part, under the provisions of this section
619 shall remain in full force and effect, including provisions that require
620 the payment of damages resulting from any injury suffered by reason of
621 termination of such contract or agreement.

622 Sec. 16. (NEW) (*Effective July 1, 2023*) (a) For purposes of this section:
623 (1) "Covenant not to compete" means any provision of an employment
624 or other contract or agreement that creates or establishes a professional
625 relationship with a physician assistant and restricts the right of a

626 physician assistant to provide health care services as a physician
627 assistant in any geographic area of the state for any period of time after
628 the termination or cessation of such partnership, employment or other
629 professional relationship; and (2) "physician assistant" means an
630 individual licensed as a physician assistant pursuant to chapter 370 of
631 the general statutes.

632 (b) On and after October 1, 2023, no employment, partnership or
633 ownership contract or agreement entered into, amended or renewed
634 shall contain a covenant not to compete and each covenant not to
635 compete entered into, amended or renewed on and after said date shall
636 be void and unenforceable.

637 (c) The remaining provisions of any contract or agreement that
638 includes a covenant not to compete that is rendered void and
639 unenforceable, in whole or in part, under the provisions of this section
640 shall remain in full force and effect, including provisions that require
641 the payment of damages resulting from any injury suffered by reason of
642 termination of such contract or agreement.

643 Sec. 17. (NEW) (*Effective July 1, 2023*) The Physical Therapy Licensure
644 Compact is hereby enacted into law and entered into by the state of
645 Connecticut with any and all jurisdictions legally joining therein in
646 accordance with its terms. The compact is substantially as follows:

647 "PHYSICAL THERAPY LICENSURE COMPACT

648 SECTION 1. PURPOSE

649 The purpose of the compact is to facilitate interstate practice of
650 physical therapy with the goal of improving public access to physical
651 therapy services. The practice of physical therapy occurs in the state
652 where the patient is located at the time of the patient encounter. The
653 compact preserves the regulatory authority of states to protect public
654 health and safety through the current system of state licensure.

655 The compact is designed to achieve the following objectives:

656 (1) Increase public access to physical therapy services by providing
657 for the mutual recognition of other member state licenses;

658 (2) Enhance the states' ability to protect the public's health and safety;

659 (3) Encourage the cooperation of member states in regulating multi-
660 state physical therapy practice;

661 (4) Support spouses of relocating military members;

662 (5) Enhance the exchange of licensure, investigative and disciplinary
663 information between member states; and

664 (6) Allow a remote state to hold a provider of services with a compact
665 privilege in such state accountable to such state's practice standards.

666 SECTION 2. DEFINITIONS

667 As used in section 1, this section and sections 3 to 12, inclusive, of the
668 compact, and except as otherwise provided:

669 (1) "Active duty military" means full-time duty status in the active
670 uniformed service of the United States, including members of the
671 National Guard and Reserve on active duty orders pursuant to 10 USC
672 1209 and 1211, as amended from time to time;

673 (2) "Adverse action" means disciplinary action taken by a physical
674 therapy licensing board based upon misconduct, unacceptable
675 performance or a combination of both;

676 (3) "Alternative program" means a nondisciplinary monitoring or
677 practice remediation process approved by a physical therapy licensing
678 board, including, but not limited to, substance abuse issues;

679 (4) "Compact privilege" means the authorization granted by a remote
680 state to allow a licensee from another member state to practice as a
681 physical therapist or work as a physical therapist assistant in the remote
682 state under its laws and rules. The practice of physical therapy occurs in
683 the member state where the patient or client is located at the time of the

684 patient or client encounter;

685 (5) "Continuing competence" means a requirement, as a condition of
686 license renewal, to provide evidence of participation in, or completion
687 of, educational and professional activities relevant to practice or area of
688 work;

689 (6) "Data system" means a repository of information about licensees,
690 including examination, licensure, investigative, compact privilege and
691 adverse action;

692 (7) "Encumbered license" means a license that a physical therapy
693 licensing board has limited in any way;

694 (8) "Executive board" means a group of directors elected or appointed
695 to act on behalf of, and within the powers granted to them, by the
696 commission;

697 (9) "Home state" means the member state that is the licensee's
698 primary state of residence;

699 (10) "Investigative information" means information, records and
700 documents received or generated by a physical therapy licensing board
701 pursuant to an investigation;

702 (11) "Jurisprudence requirement" means the assessment of an
703 individual's knowledge of the laws and rules governing the practice of
704 physical therapy in a state;

705 (12) "Licensee" means an individual who currently holds an
706 authorization from the state to practice as a physical therapist or to work
707 as a physical therapist assistant;

708 (13) "Member state" means a state that has enacted the compact;

709 (14) "Party state" means any member state in which a licensee holds
710 a current license or compact privilege or is applying for a license or
711 compact privilege;

712 (15) "Physical therapist" means an individual who is licensed by a
713 state to practice physical therapy;

714 (16) "Physical therapist assistant" means an individual who is
715 licensed or certified by a state and who assists the physical therapist in
716 selected components of physical therapy;

717 (17) "Physical therapy", "physical therapy practice" and "the practice
718 of physical therapy" mean the care and services provided by or under
719 the direction and supervision of a licensed physical therapist;

720 (18) "Physical Therapy Compact Commission" or "commission"
721 means the national administrative body whose membership consists of
722 all states that have enacted the compact;

723 (19) "Physical therapy licensing board" or "licensing board" means the
724 agency of a state that is responsible for the licensing and regulation of
725 physical therapists and physical therapist assistants;

726 (20) "Remote state" means a member state other than the home state,
727 where a licensee is exercising or seeking to exercise the compact
728 privilege;

729 (21) "Rule" means a regulation, principle, or directive promulgated
730 by the commission that has the force of law; and

731 (22) "State" means any state, commonwealth, district or territory of
732 the United States of America that regulates the practice of physical
733 therapy.

734 SECTION 3. STATE PARTICIPATION IN THE COMPACT

735 (a) To participate in the compact, a state shall:

736 (1) Participate fully in the commission's data system, including using
737 the commission's unique identifier as defined in rules;

738 (2) Have a mechanism in place for receiving and investigating
739 complaints about licensees;

740 (3) Notify the commission, in compliance with the terms of the
741 compact and rules, of any adverse action or of the availability of
742 investigative information regarding a licensee;

743 (4) Fully implement a criminal background check requirement,
744 within a time frame established by rule, by receiving the results of the
745 Federal Bureau of Investigation record search on criminal background
746 checks and use the results in making licensure decisions in accordance
747 with subsection (b) of this section;

748 (5) Comply with the rules of the commission;

749 (6) Utilize a recognized national examination as a requirement for
750 licensure pursuant to the rules of the commission; and

751 (7) Have continuing competence requirements as a condition for
752 license renewal.

753 (b) Upon adoption of the compact, the member state shall have the
754 authority to obtain biometric-based information from each physical
755 therapy licensure applicant and shall submit such information to the
756 Federal Bureau of Investigation for a criminal background check in
757 accordance with 28 USC 534 and 42 USC 14616, as amended from time
758 to time.

759 (c) A member state shall grant the compact privilege to a licensee
760 holding a valid unencumbered license in another member state in
761 accordance with the terms of the compact and rules.

762 (d) Member states may charge a fee for granting a compact privilege.

763 SECTION 4. COMPACT PRIVILEGE

764 (a) To exercise the compact privilege under the terms and provisions
765 of the compact, the licensee shall:

766 (1) Hold a license in the home state;

767 (2) Have no encumbrance on any state license;

768 (3) Be eligible for a compact privilege in any member state in
769 accordance with subsections (d), (g) and (h) of this section;

770 (4) Have not had any adverse action against any license or compact
771 privilege within the previous two years;

772 (5) Notify the commission that the licensee is seeking the compact
773 privilege within a remote state or remote states;

774 (6) Pay any applicable fees, including any state fee, for the compact
775 privilege;

776 (7) Meet any jurisprudence requirements established by the remote
777 state or states in which the licensee is seeking a compact privilege; and

778 (8) Report to the commission adverse action taken by any
779 nonmember state not later than thirty days after the date the adverse
780 action is taken.

781 (b) The compact privilege is valid until the expiration date of the
782 home license. The licensee shall comply with the requirements of
783 subsection (a) of this section of the compact to maintain the compact
784 privilege in the remote state.

785 (c) A licensee providing physical therapy in a remote state under the
786 compact privilege shall function within the laws and regulations of the
787 remote state.

788 (d) A licensee providing physical therapy in a remote state is subject
789 to such state's regulatory authority. A remote state may, in accordance
790 with due process and such state's laws, remove a licensee's compact
791 privilege in the remote state for a specific period of time, impose fines
792 and take any other necessary action to protect the health and safety of
793 its citizens. The licensee is not eligible for a compact privilege in any
794 state until the specific time for removal has passed and all fines are paid.

795 (e) If a home state license is encumbered, the licensee shall lose the
796 compact privilege in any remote state until the following occur:

797 (1) The home state license is no longer encumbered; and

798 (2) Two years have elapsed from the date of the adverse action.

799 (f) Once an encumbered license in the home state is restored to good
800 standing, the licensee shall meet the requirements of subsection (a) of
801 this section of the compact to obtain a compact privilege in any remote
802 state.

803 (g) If a licensee's compact privilege in any remote state is removed,
804 the individual shall lose the compact privilege in any remote state until
805 the following occur:

806 (1) The specific period of time for which the compact privilege was
807 removed has ended;

808 (2) All fines have been paid; and

809 (3) Two years have elapsed from the date of the adverse action.

810 (h) Once the requirements of subsection (g) of this section of the
811 compact have been met, the licensee shall meet the requirements set
812 forth in subsection (a) of this section of the compact to obtain a compact
813 privilege in a remote state.

814 SECTION 5. ACTIVE DUTY MILITARY PERSONNEL OR THEIR
815 SPOUSES

816 A licensee who is active duty military or is the spouse of an
817 individual who is active duty military may designate one of the
818 following as the home state:

819 (1) Home of record;

820 (2) Permanent change of station (PCS); or

821 (3) State of current residence if such state is different from the PCS
822 state or home of record.

823 SECTION 6. ADVERSE ACTIONS

824 (a) A home state shall have exclusive power to impose adverse action
825 against a license issued by the home state.

826 (b) A home state may take adverse action based on the investigative
827 information of a remote state, so long as the home state follows its own
828 procedures for imposing adverse action.

829 (c) Nothing in the compact shall override a member state's decision
830 that participation in an alternative program may be used in lieu of
831 adverse action and that such participation shall remain nonpublic if
832 required by the member state's laws. Member states shall require
833 licensees who enter any alternative programs in lieu of discipline to
834 agree not to practice in any other member state during the term of the
835 alternative program without prior authorization from such other
836 member state.

837 (d) Any member state may investigate actual or alleged violations of
838 the statutes and rules authorizing the practice of physical therapy in any
839 other member state in which a physical therapist or physical therapist
840 assistant holds a license or compact privilege.

841 (e) A remote state shall have the authority to:

842 (1) Take adverse actions as set forth in subsection (d) of section 4 of
843 the compact against a licensee's compact privilege in the state;

844 (2) Issue subpoenas for both hearings and investigations that require
845 the attendance and testimony of witnesses and the production of
846 evidence. Subpoenas issued by a physical therapy licensing board in a
847 party state for the attendance and testimony of witnesses or the
848 production of evidence from another party state shall be enforced in
849 such other party state by any court of competent jurisdiction, according
850 to the practice and procedure of such court applicable to subpoenas
851 issued in proceedings pending before such court. The issuing authority
852 shall pay any witness fees, travel expenses, mileage and other fees

853 required by the service statutes of the state where the witnesses or
854 evidence are located; and

855 (3) If otherwise permitted by state law, recover from the licensee the
856 costs of investigations and disposition of cases resulting from any
857 adverse action taken against such licensee.

858 (f) Joint Investigations

859 (1) In addition to the authority granted to a member state by its
860 respective physical therapy practice act or other applicable state law, a
861 member state may participate with other member states in joint
862 investigations of licensees.

863 (2) Member states shall share any investigative, litigation or
864 compliance materials in furtherance of any joint or individual
865 investigation initiated under the compact.

866 SECTION 7. ESTABLISHMENT OF THE PHYSICAL THERAPY
867 COMPACT COMMISSION

868 (a) The compact member states hereby create and establish a joint
869 public agency known as the Physical Therapy Compact Commission.

870 (1) The commission is an instrumentality of the compact states.

871 (2) Venue is proper and judicial proceedings by or against the
872 commission shall be brought solely and exclusively in a court of
873 competent jurisdiction where the principal office of the commission is
874 located. The commission may waive venue and jurisdictional defenses
875 to the extent that it adopts or consents to participate in alternative
876 dispute resolution proceedings.

877 (3) Nothing in the compact shall be construed to be a waiver of
878 sovereign immunity.

879 (b) Membership, Voting and Meetings

880 (1) Each member state shall have and be limited to one delegate

881 selected by such member state's licensing board.

882 (2) The delegate shall be a current member of the licensing board who
883 is a physical therapist, a physical therapist assistant, a public member or
884 the board administrator.

885 (3) Any delegate may be removed or suspended from office as
886 provided by the law of the state from which the delegate is appointed.

887 (4) The member state board shall fill any vacancy occurring in the
888 commission.

889 (5) Each delegate shall be entitled to one vote with regard to the
890 promulgation of rules and creation of bylaws and shall otherwise have
891 an opportunity to participate in the business and affairs of the
892 commission.

893 (6) A delegate shall vote in person or by such other means as
894 provided in the bylaws. The bylaws may provide for delegates'
895 participation in meetings by telephone or other means of
896 communication.

897 (7) The commission shall meet at least once during each calendar
898 year. Additional meetings shall be held as set forth in the bylaws.

899 (c) The commission shall have the following powers and duties:

900 (1) Establish the fiscal year of the commission;

901 (2) Establish bylaws;

902 (3) Maintain its financial records in accordance with the bylaws;

903 (4) Meet and take such actions as are consistent with the provisions
904 of the compact and the bylaws;

905 (5) Promulgate uniform rules to facilitate and coordinate
906 implementation and administration of the compact. The rules shall have
907 the force and effect of law and shall be binding in all member states;

908 (6) Bring and prosecute legal proceedings or actions in the name of
909 the commission, provided the standing of any state physical therapy
910 licensing board to sue or be sued under applicable law shall not be
911 affected;

912 (7) Purchase and maintain insurance and bonds;

913 (8) Borrow, accept or contract for services of personnel, including, but
914 not limited to, employees of a member state;

915 (9) Hire employees, elect or appoint officers, fix compensation, define
916 duties and grant such individuals appropriate authority to carry out the
917 purposes of the compact and establish the commission's personnel
918 policies and programs relating to conflicts of interest, qualifications of
919 personnel and other related personnel matters;

920 (10) Accept any and all appropriate donations and grants of money,
921 equipment, supplies, materials and services and receive, utilize and
922 dispose of such money, equipment, supplies, materials and services,
923 provided at all times the commission shall avoid any appearance of
924 impropriety or conflict of interest;

925 (11) Lease, purchase, accept appropriate gifts or donations of, or
926 otherwise own, hold, improve or use any property, real, personal or
927 mixed, provided at all times the commission shall avoid any appearance
928 of impropriety;

929 (12) Sell, convey, mortgage, pledge, lease, exchange, abandon or
930 otherwise dispose of any real, personal or mixed property;

931 (13) Establish a budget and make expenditures;

932 (14) Borrow money;

933 (15) Appoint committees, including standing committees composed
934 of members, state regulators, state legislators or their representatives,
935 and consumer representatives and such other interested persons as may
936 be designated in the compact and the bylaws;

937 (16) Provide and receive information from, and cooperate with, law-
938 enforcement agencies;

939 (17) Establish and elect an executive board; and

940 (18) Perform such other functions as may be necessary or appropriate
941 to achieve the purposes of the compact consistent with the state
942 regulation of physical therapy licensure and practice.

943 (d) The Executive Board

944 The executive board shall have the power to act on behalf of the
945 commission according to the terms of the compact.

946 (1) The executive board shall be composed of nine members as
947 follows:

948 (A) Seven voting members who are elected by the commission from
949 the current membership of the commission;

950 (B) One ex-officio, nonvoting member from the recognized national
951 physical therapy professional association; and

952 (C) One ex-officio, nonvoting member from the recognized
953 membership organization of the physical therapy licensing boards.

954 (2) The ex-officio members shall be selected by their respective
955 organizations.

956 (3) The commission may remove any member of the executive board
957 as provided in bylaws.

958 (4) The executive board shall meet at least annually.

959 (5) The executive board shall have the following duties and
960 responsibilities:

961 (A) Recommend to the entire commission changes to the rules or
962 bylaws, changes to the compact legislation, fees paid by compact

963 member states, including annual dues, and any commission compact fee
964 charged to licensees for the compact privilege;

965 (B) Ensure compact administration services are appropriately
966 provided, contractual or otherwise;

967 (C) Prepare and recommend the budget;

968 (D) Maintain financial records on behalf of the commission;

969 (E) Monitor compact compliance of member states and provide
970 compliance reports to the commission;

971 (F) Establish additional committees as necessary; and

972 (G) Perform other duties as provided in rules or bylaws.

973 (e) Meetings of the Commission

974 (1) All meetings shall be open to the public, and public notice of
975 meetings shall be given in the same manner as required under the
976 rulemaking provisions of section 9 of the compact.

977 (2) The commission or the executive board or other committees of the
978 commission may convene in a closed, nonpublic meeting if the
979 commission or executive board or other committees of the commission
980 shall discuss:

981 (A) Noncompliance of a member state with its obligations under the
982 compact;

983 (B) The employment, compensation, discipline or other matters,
984 practices or procedures related to specific employees or other matters
985 related to the commission's internal personnel practices and procedures;

986 (C) Current, threatened or reasonably anticipated litigation;

987 (D) Negotiation of contracts for the purchase, lease or sale of goods,
988 services or real estate;

989 (E) Accusing any person of a crime or formally censuring any person;

990 (F) Disclosure of trade secrets or commercial or financial information
991 that is privileged or confidential;

992 (G) Disclosure of information of a personal nature where disclosure
993 would constitute a clearly unwarranted invasion of personal privacy;

994 (H) Disclosure of investigative records compiled for law-enforcement
995 purposes;

996 (I) Disclosure of information related to any investigative reports
997 prepared by or on behalf of or for use of the commission or other
998 committee charged with responsibility of investigation or determination
999 of compliance issues pursuant to the compact; or

1000 (J) Matters specifically exempted from disclosure by federal or
1001 member state statute.

1002 (3) If a meeting or portion of a meeting is closed pursuant to this
1003 provision, the commission's legal counsel or designee shall certify that
1004 the meeting may be closed and shall reference each relevant exempting
1005 provision.

1006 (4) The commission shall keep minutes that fully and clearly describe
1007 all matters discussed in a meeting and shall provide a full and accurate
1008 summary of actions taken and the reasons therefor, including a
1009 description of the views expressed. All documents considered in
1010 connection with an action shall be identified in such minutes. All
1011 minutes and documents of a closed meeting shall remain under seal,
1012 subject to release by a majority vote of the commission or order of a
1013 court of competent jurisdiction.

1014 (f) Financing of the Commission

1015 (1) The commission shall pay or provide for the payment of the
1016 reasonable expenses of its establishment, organization and ongoing
1017 activities.

1018 (2) The commission may accept any and all appropriate revenue
1019 sources, donations and grants of money, equipment, supplies, materials
1020 and services.

1021 (3) The commission may levy on and collect an annual assessment
1022 from each member state or impose fees on other parties to cover the cost
1023 of the operations and activities of the commission and its staff, which
1024 shall be in a total amount sufficient to cover its annual budget as
1025 approved each year for which revenue is not provided by other sources.
1026 The aggregate annual assessment amount shall be allocated based upon
1027 a formula to be determined by the commission, which shall promulgate
1028 a rule binding upon all member states.

1029 (4) The commission shall not incur obligations of any kind prior to
1030 securing the funds adequate to meet such obligations, or pledge the
1031 credit of any of the member states, except by and with the authority of
1032 the member state.

1033 (5) The commission shall keep accurate accounts of all receipts and
1034 disbursements. The receipts and disbursements of the commission shall
1035 be subject to the audit and accounting procedures established under its
1036 bylaws. All receipts and disbursements of funds handled by the
1037 commission shall be audited annually by a certified or licensed public
1038 accountant and the report of the audit shall be included in and become
1039 part of the annual report of the commission.

1040 (g) Qualified Immunity, Defense and Indemnification

1041 (1) The members, officers, executive director, employees and
1042 representatives of the commission shall be immune from suit and
1043 liability, either personally or in their official capacity, for any claim for
1044 damage to or loss of property or personal injury or other civil liability
1045 caused by or arising out of any actual or alleged act, error or omission
1046 that occurred or that the person against whom the claim is made had a
1047 reasonable basis for believing occurred within the scope of commission
1048 employment, duties or responsibilities, provided nothing in this
1049 subdivision shall be construed to protect any such person from suit or

1050 liability for any damage, loss, injury or liability caused by the intentional
1051 or wilful or wanton misconduct of such person.

1052 (2) The commission shall defend any member, officer, executive
1053 director, employee or representative of the commission in any civil
1054 action seeking to impose liability arising out of any actual or alleged act,
1055 error or omission that occurred within the scope of commission
1056 employment, duties or responsibilities or that the person against whom
1057 the claim is made had a reasonable basis for believing occurred within
1058 the scope of commission employment, duties or responsibilities,
1059 provided (A) nothing in this subdivision shall be construed to prohibit
1060 such person from retaining his or her own counsel, and (B) the actual or
1061 alleged act, error or omission did not result from such person's
1062 intentional or wilful or wanton misconduct.

1063 (3) The commission shall indemnify and hold harmless any member,
1064 officer, executive director, employee or representative of the
1065 commission for the amount of any settlement or judgment obtained
1066 against such person arising out of any actual or alleged act, error or
1067 omission that occurred within the scope of commission employment,
1068 duties or responsibilities or that such person had a reasonable basis for
1069 believing occurred within the scope of commission employment, duties
1070 or responsibilities, provided the actual or alleged act, error or omission
1071 did not result from the intentional or wilful or wanton misconduct of
1072 such person.

1073 SECTION 8. DATA SYSTEM

1074 (a) The commission shall provide for the development, maintenance
1075 and utilization of a coordinated database and reporting system
1076 containing licensure, adverse action and investigative information on all
1077 licensed individuals in member states.

1078 (b) Notwithstanding any other provision of state law to the contrary,
1079 a member state shall submit a uniform data set to the data system on all
1080 individuals to whom the compact is applicable as required by the rules
1081 of the commission, including:

1082 (1) Identifying information;

1083 (2) Licensure data;

1084 (3) Adverse actions against a license or compact privilege;

1085 (4) Nonconfidential information related to alternative program
1086 participation;

1087 (5) Any denial of application for licensure, and the reason for such
1088 denial; and

1089 (6) Other information that may facilitate the administration of the
1090 compact, as determined by the rules of the commission.

1091 (c) Investigative information pertaining to a licensee in any member
1092 state shall only be available to other party states.

1093 (d) The commission shall promptly notify all member states of any
1094 adverse action taken against a licensee or an individual applying for a
1095 license. Adverse action information pertaining to a licensee in any
1096 member state shall be available to any other member state.

1097 (e) Member states contributing information to the data system may
1098 designate information that may not be shared with the public without
1099 the express permission of the contributing state.

1100 (f) Any information submitted to the data system that is subsequently
1101 required to be expunged by the laws of the member state contributing
1102 the information shall be removed from the data system.

1103 SECTION 9. RULEMAKING

1104 (a) The commission shall exercise its rulemaking powers pursuant to
1105 the criteria set forth in this section and the rules adopted thereunder.
1106 Rules and amendments shall become binding as of the date specified in
1107 each rule or amendment.

1108 (b) If a majority of the legislatures of the member states rejects a rule,

1109 by enactment of a statute or resolution in the same manner used to adopt
1110 the compact not later than four years after the date of adoption of the
1111 rule, such rule shall have no further force and effect in any member
1112 state.

1113 (c) Rules or amendments to the rules shall be adopted at a regular or
1114 special meeting of the commission.

1115 (d) Prior to promulgation and adoption of a final rule or rules by the
1116 commission, and at least thirty days in advance of the meeting at which
1117 the rule will be considered and voted upon, the commission shall file a
1118 notice of proposed rulemaking:

1119 (1) On the Internet web site of the commission or other publicly
1120 accessible platform; and

1121 (2) On the Internet web site of each member state physical therapy
1122 licensing board or other publicly accessible platform or the publication
1123 in which each state would otherwise publish proposed rules.

1124 (e) The notice of proposed rulemaking shall include:

1125 (1) The proposed time, date and location of the meeting in which the
1126 rule will be considered and voted upon;

1127 (2) The text of the proposed rule or amendment and the reason for
1128 the proposed rule;

1129 (3) A request for comments on the proposed rule from any interested
1130 person; and

1131 (4) The manner in which interested persons may submit notice to the
1132 commission of their intention to attend the public hearing and any
1133 written comments.

1134 (f) Prior to adoption of a proposed rule, the commission shall allow
1135 persons to submit written data, facts, opinions and arguments, which
1136 shall be made available to the public.

1137 (g) The commission shall grant an opportunity for a public hearing
1138 before it adopts a rule or amendment if a hearing is requested by:

1139 (1) At least twenty-five persons;

1140 (2) A state or federal governmental subdivision or agency; or

1141 (3) An association having at least twenty-five members.

1142 (h) If a hearing is held on the proposed rule or amendment, the
1143 commission shall publish the place, time and date of the scheduled
1144 public hearing. If the hearing is held via electronic means, the
1145 commission shall publish the mechanism for access to the electronic
1146 hearing.

1147 (1) All persons wishing to be heard at the hearing shall notify the
1148 executive director of the commission or other designated member in
1149 writing of their desire to appear and testify at the hearing not less than
1150 five business days before the scheduled date of the hearing.

1151 (2) Hearings shall be conducted in a manner providing each person
1152 who wishes to comment a fair and reasonable opportunity to comment
1153 orally or in writing.

1154 (3) All hearings shall be recorded. A copy of the recording shall be
1155 made available on request.

1156 (4) Nothing in this section shall be construed as requiring a separate
1157 hearing on each rule. Rules may be grouped for the convenience of the
1158 commission at hearings required by this section.

1159 (i) Following the scheduled hearing date, or by the close of business
1160 on the scheduled hearing date if the hearing was not held, the
1161 commission shall consider all written and oral comments received.

1162 (j) If no written notice of intent to attend the public hearing by
1163 interested parties is received, the commission may proceed with
1164 promulgation of the proposed rule without a public hearing.

1165 (k) The commission shall, by majority vote of all members, take final
1166 action on the proposed rule and shall determine the effective date of the
1167 rule, if any, based on the rulemaking record and the full text of the rule.

1168 (l) Upon determination that an emergency exists, the commission
1169 may consider and adopt an emergency rule without prior notice,
1170 opportunity for comment or hearing, provided the usual rulemaking
1171 procedures provided in the compact and in this section shall be
1172 retroactively applied to the rule as soon as reasonably possible, but in
1173 no event later than ninety days after the effective date of the rule. For
1174 the purposes of this subsection, an emergency rule shall be adopted
1175 immediately to:

1176 (1) Meet an imminent threat to public health, safety or welfare;

1177 (2) Prevent a loss of commission or member state funds;

1178 (3) Meet a deadline for the promulgation of an administrative rule
1179 that is established by federal law or rule; or

1180 (4) Protect public health and safety.

1181 (m) The commission or an authorized committee of the commission
1182 may direct revisions to a previously adopted rule or amendment for
1183 purposes of correcting typographical errors, errors in format, errors in
1184 consistency or grammatical errors. Public notice of any revisions shall
1185 be posted on the Internet web site of the commission. The revision shall
1186 be subject to challenge by any person for a period of thirty days after
1187 posting. The revision may be challenged only on grounds that the
1188 revision results in a material change to a rule. A challenge shall be made
1189 in writing and delivered to the chair of the commission prior to the end
1190 of the notice period. If no challenge is made, the revision shall take effect
1191 without further action. If the revision is challenged, the revision may not
1192 take effect without the approval of the commission.

1193 SECTION 10. OVERSIGHT, DISPUTE RESOLUTION AND
1194 ENFORCEMENT

1195 (a) Oversight

1196 (1) The executive, legislative and judicial branches of state
1197 government in each member state shall enforce the compact and take all
1198 actions necessary and appropriate to effectuate the compact's purposes
1199 and intent. The provisions of the compact and the rules promulgated
1200 under the compact shall have standing as statutory law.

1201 (2) All courts shall take judicial notice of the compact and the rules in
1202 any judicial or administrative proceeding in a member state pertaining
1203 to the subject matter of the compact which may affect the powers,
1204 responsibilities or actions of the commission.

1205 (3) The commission shall be entitled to receive service of process in
1206 any such proceeding and shall have standing to intervene in such a
1207 proceeding for all purposes. Failure to provide service of process to the
1208 commission shall render a judgment or order void as to the commission,
1209 the compact or promulgated rules.

1210 (b) Default, Technical Assistance and Termination

1211 (1) If the commission determines that a member state has defaulted
1212 in the performance of its obligations or responsibilities under the
1213 compact or the promulgated rules, the commission shall:

1214 (A) Provide written notice to the defaulting state and other member
1215 states of the nature of the default, the proposed means of curing the
1216 default, and or any other action to be taken by the commission; and

1217 (B) Provide remedial training and specific technical assistance
1218 regarding the default.

1219 (2) If a state in default fails to cure the default, the defaulting state
1220 may be terminated from the compact upon an affirmative vote of a
1221 majority of the member states, and all rights, privileges and benefits
1222 conferred by the compact may be terminated on the effective date of
1223 termination. A cure of the default shall not relieve the offending state of
1224 obligations or liabilities incurred during the period of default.

1225 (3) Termination of membership in the compact shall be imposed only
1226 after all other means of securing compliance have been exhausted.
1227 Notice of intent to suspend or terminate shall be given by the
1228 commission to the governor, the majority and minority leaders of the
1229 defaulting state's legislature and each of the member states.

1230 (4) A state that has been terminated is responsible for all assessments,
1231 obligations and liabilities incurred through the effective date of
1232 termination, including obligations that extend beyond the effective date
1233 of termination.

1234 (5) The commission shall not bear any costs related to a state that is
1235 found to be in default or that has been terminated from the compact,
1236 unless agreed upon in writing between the commission and the
1237 defaulting state.

1238 (6) The defaulting state may appeal the action of the commission by
1239 petitioning the United States District Court for the District of Columbia
1240 or the federal district where the commission has its principal offices. The
1241 prevailing member shall be awarded all costs of such litigation,
1242 including reasonable attorney's fees.

1243 (c) Dispute Resolution

1244 (1) Upon request by a member state, the commission shall attempt to
1245 resolve disputes related to the compact that arise among member states
1246 and between member and nonmember states.

1247 (2) The commission shall promulgate a rule providing for both
1248 mediation and binding dispute resolution for disputes as appropriate.

1249 (d) Enforcement

1250 (1) The commission, in the reasonable exercise of its discretion, shall
1251 enforce the provisions and rules of the compact.

1252 (2) By majority vote, the commission may initiate legal action in the
1253 United States District Court for the District of Columbia or the federal

1254 district where the commission has its principal offices against a member
1255 state in default to enforce compliance with the provisions of the compact
1256 and its promulgated rules and bylaws. The relief sought may include
1257 both injunctive relief and damages. In the event judicial enforcement is
1258 necessary, the prevailing member shall be awarded all costs of such
1259 litigation, including reasonable attorney's fees.

1260 (3) The remedies herein shall not be the exclusive remedies of the
1261 commission. The commission may pursue any other remedies available
1262 under federal or state law.

1263 SECTION 11. DATE OF IMPLEMENTATION OF THE INTERSTATE
1264 COMMISSION FOR PHYSICAL THERAPY PRACTICE AND
1265 ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

1266 (a) The compact shall come into effect on the date on which the
1267 compact statute is enacted into law in the tenth member state. The
1268 provisions, which become effective at such time, shall be limited to the
1269 powers granted to the commission relating to assembly and the
1270 promulgation of rules. Thereafter, the commission shall meet and
1271 exercise rulemaking powers necessary to the implementation and
1272 administration of the compact.

1273 (b) Any state that joins the compact subsequent to the commission's
1274 initial adoption of the rules shall be subject to the rules as they exist on
1275 the date on which the compact becomes law in such state. Any rule that
1276 has been previously adopted by the commission shall have the full force
1277 and effect of law on the day the compact becomes law in such state.

1278 (c) Any member state may withdraw from the compact by enacting a
1279 statute repealing the same.

1280 (1) A member state's withdrawal shall not take effect until six months
1281 after enactment of the repealing statute.

1282 (2) Withdrawal shall not affect the continuing requirement of the
1283 withdrawing state's physical therapy licensing board to comply with the

1284 investigative and adverse action reporting requirements of the compact
1285 prior to the effective date of withdrawal.

1286 (d) Nothing contained in the compact shall be construed to invalidate
1287 or prevent any physical therapy licensure agreement or other
1288 cooperative arrangement between a member state and a nonmember
1289 state that does not conflict with the provisions of the compact.

1290 (e) The compact may be amended by the member states. No
1291 amendment to the compact shall become effective and binding upon
1292 any member state until it is enacted into the laws of all member states.

1293 SECTION 12. CONSTRUCTION AND SEVERABILITY

1294 The compact shall be liberally construed so as to effectuate the
1295 purposes thereof. The provisions of the compact shall be severable, and
1296 if any phrase, clause, sentence or provision of the compact is declared to
1297 be contrary to the constitution of any party state or the Constitution of
1298 the United States, or the applicability thereof to any government,
1299 agency, person or circumstance is held invalid, the validity of the
1300 remainder of the compact and the applicability thereof to any
1301 government, agency, person or circumstance shall not be affected
1302 thereby. If the compact shall be held contrary to the constitution of any
1303 party state, the compact shall remain in full force and effect as to the
1304 remaining party states and in full force and effect as to the party state
1305 affected as to all severable matters."

1306 Sec. 18. (NEW) (*Effective July 1, 2023*) The Commissioner of Public
1307 Health shall require each person applying for licensure as a physical
1308 therapist to submit to a state and national fingerprint-based criminal
1309 history records check pursuant to section 29-17a of the general statutes.
1310 For the purposes of this section, "physical therapist" means an
1311 individual licensed for the independent practice of physical therapy,
1312 and "licensure" means authorization by a state physical therapy
1313 regulatory authority to engage in the independent practice of physical
1314 therapy, the practice of which would be unlawful without such
1315 authorization.

1316 Sec. 19. (*Effective July 1, 2023*) (a) The Commissioner of Public Health
1317 shall establish a podiatric scope of practice working group to advise the
1318 Department of Public Health and any relevant scope of practice review
1319 committee established pursuant to section 19a-16e of the general
1320 statutes regarding the scope of practice of podiatrists as it relates to
1321 surgical procedures. The working group shall consist of not less than
1322 three podiatrists licensed pursuant to chapter 375 of the general statutes
1323 and not less than three orthopedic surgeons licensed pursuant to
1324 chapter 370 of the general statutes appointed by the commissioner. Not
1325 later than January 1, 2024, the working group shall report to the
1326 commissioner and any such scope of practice review committee
1327 regarding its findings and recommendations.

1328 (b) Not later than February 1, 2024, the Commissioner of Public
1329 Health shall report, in accordance with the provisions of section 11-4a
1330 of the general statutes, to the joint standing committee of the General
1331 Assembly having cognizance of matters relating to public health on the
1332 findings and recommendations of the working group and whether the
1333 Department of Public Health and any relevant scope of practice review
1334 committee is in agreement with such findings and recommendations.

1335 Sec. 20. Section 20-94a of the general statutes is repealed and the
1336 following is substituted in lieu thereof (*Effective October 1, 2023*):

1337 (a) The Department of Public Health may issue an advanced practice
1338 registered nurse license to a person seeking to perform the activities
1339 described in subsection (b) of section 20-87a, as amended by this act,
1340 upon receipt of a fee of two hundred dollars, to an applicant who: (1)
1341 Maintains a license as a registered nurse in this state, as provided by
1342 section 20-93 or 20-94; (2) holds and maintains current certification as a
1343 nurse practitioner, a clinical nurse specialist or a nurse anesthetist from
1344 one of the following national certifying bodies that certify nurses in
1345 advanced practice: The American Nurses' Association, the Nurses'
1346 Association of the American College of Obstetricians and Gynecologists
1347 Certification Corporation, the National Board of Pediatric Nurse
1348 Practitioners and Associates or the American Association of Nurse

1349 Anesthetists, their successors or other appropriate national certifying
1350 bodies approved by the Board of Examiners for Nursing; (3) has
1351 completed thirty hours of education in pharmacology for advanced
1352 nursing practice; and (4) (A) holds a graduate degree in nursing or in a
1353 related field recognized for certification as either a nurse practitioner, a
1354 clinical nurse specialist, or a nurse anesthetist by one of the foregoing
1355 certifying bodies, or (B) (i) on or before December 31, 2004, completed
1356 an advanced nurse practitioner program that a national certifying body
1357 identified in subdivision (2) of subsection (a) of this section recognized
1358 for certification of a nurse practitioner, clinical nurse specialist, or nurse
1359 anesthetist, and (ii) at the time of application, holds a current license as
1360 an advanced practice registered nurse in another state that requires a
1361 master's degree in nursing or a related field for such licensure. No
1362 license shall be issued under this section to any applicant against whom
1363 professional disciplinary action is pending or who is the subject of an
1364 unresolved complaint.

1365 (b) During the period commencing January 1, 1990, and ending
1366 January 1, 1992, the Department of Public Health may in its discretion
1367 allow a registered nurse, who has been practicing as an advanced
1368 practice registered nurse in a nurse practitioner role and who is unable
1369 to obtain certification as a nurse practitioner by one of the national
1370 certifying bodies specified in subsection (a) of this section, to be licensed
1371 as an advanced practice registered nurse provided the individual:

1372 (1) Holds a current Connecticut license as a registered nurse pursuant
1373 to this chapter;

1374 (2) Presents the department with documentation of the reasons one
1375 of such national certifying bodies will not certify him as a nurse
1376 practitioner;

1377 (3) Has been in active practice as a nurse practitioner for at least five
1378 years in a facility licensed pursuant to section 19a-491;

1379 (4) Provides the department with documentation of his preparation
1380 as a nurse practitioner;

1381 (5) Provides the department with evidence of at least seventy-five
1382 contact hours, or its equivalent, of continuing education related to his
1383 nurse practitioner specialty in the preceding five calendar years;

1384 (6) Has completed thirty hours of education in pharmacology for
1385 advanced nursing practice;

1386 (7) Has his employer provide the department with a description of
1387 his practice setting, job description, and a plan for supervision by a
1388 licensed physician; and

1389 (8) Notifies the department of each change of employment to a new
1390 setting where he will function as an advanced practice registered nurse
1391 and will be exercising prescriptive and dispensing privileges.

1392 (c) Any person who obtains a license pursuant to subsection (b) of
1393 this section shall be eligible to renew such license annually provided he
1394 presents the department with evidence that he received at least fifteen
1395 contact hours, or its equivalent, eight hours of which shall be in
1396 pharmacology, of continuing education related to his nurse practitioner
1397 specialty in the preceding licensure year. If an individual licensed
1398 pursuant to subsection (b) of this subsection becomes eligible at any
1399 time for certification as a nurse practitioner by one of the national
1400 certifying bodies specified in subsection (a) of this section, the
1401 individual shall apply for certification, and upon certification so notify
1402 the department, and apply to be licensed as an advanced practice
1403 registered nurse in accordance with subsection (a) of this section.

1404 (d) On and after October 1, 2023, a person, who is not eligible for
1405 licensure under subsection (a) of this section, may apply for licensure by
1406 endorsement as an advanced practice registered nurse. Such applicant
1407 shall (1) present evidence satisfactory to the Commissioner of Public
1408 Health that the applicant has acquired three years of experience as an
1409 advanced practice registered nurse, or as a person entitled to perform
1410 similar services under a different designation, in another state or
1411 jurisdiction that has requirements for practicing in such capacity that are
1412 substantially similar to, or higher than, those of this state and that there

1413 are no disciplinary actions or unresolved complaints pending against
1414 such person, and (2) pay a fee of two hundred dollars to the
1415 commissioner.

1416 [(d)] (e) A person who has received a license pursuant to this section
1417 shall be known as an "Advanced Practice Registered Nurse" and no
1418 other person shall assume such title or use the letters or figures which
1419 indicate that the person using the same is a licensed advanced practice
1420 registered nurse.

1421 Sec. 21. Subsection (b) of section 20-87a of the general statutes is
1422 repealed and the following is substituted in lieu thereof (*Effective October*
1423 *1, 2023*):

1424 (b) (1) Advanced nursing practice is defined as the performance of
1425 advanced level nursing practice activities that, by virtue of post-basic
1426 specialized education and experience, are appropriate to and may be
1427 performed by an advanced practice registered nurse. The advanced
1428 practice registered nurse performs acts of diagnosis and treatment of
1429 alterations in health status, as described in subsection (a) of this section.

1430 (2) (A) An advanced practice registered nurse having been issued a
1431 license pursuant to section 20-94a, as amended by this act, shall, for the
1432 first three years after having been issued such license, collaborate with
1433 a physician licensed to practice medicine in this state. In all settings,
1434 such advanced practice registered nurse may, in collaboration with a
1435 physician licensed to practice medicine in this state, prescribe, dispense
1436 and administer medical therapeutics and corrective measures and may
1437 request, sign for, receive and dispense drugs in the form of professional
1438 samples in accordance with sections 20-14c to 20-14e, inclusive, except
1439 such advanced practice registered nurse licensed pursuant to section 20-
1440 94a, as amended by this act, and maintaining current certification from
1441 the American Association of Nurse Anesthetists who is prescribing and
1442 administrating medical therapeutics during surgery may only do so if
1443 the physician who is medically directing the prescriptive activity is
1444 physically present in the institution, clinic or other setting where the

1445 surgery is being performed. For purposes of this subdivision,
1446 "collaboration" means a mutually agreed upon relationship between
1447 such advanced practice registered nurse and a physician who is
1448 educated, trained or has relevant experience that is related to the work
1449 of such advanced practice registered nurse. The collaboration shall
1450 address a reasonable and appropriate level of consultation and referral,
1451 coverage for the patient in the absence of such advanced practice
1452 registered nurse, a method to review patient outcomes and a method of
1453 disclosure of the relationship to the patient. Relative to the exercise of
1454 prescriptive authority, the collaboration between such advanced
1455 practice registered nurse and a physician shall be in writing and shall
1456 address the level of schedule II and III controlled substances that such
1457 advanced practice registered nurse may prescribe and provide a method
1458 to review patient outcomes, including, but not limited to, the review of
1459 medical therapeutics, corrective measures, laboratory tests and other
1460 diagnostic procedures that such advanced practice registered nurse may
1461 prescribe, dispense and administer.

1462 (B) An advanced practice registered nurse having been issued a
1463 license pursuant to subsection (d) of section 20-94a, as amended by this
1464 act, who provides evidence to the Commissioner of Public Health, in a
1465 form and manner prescribed by the commissioner, of having
1466 collaborated, prior to the issuance of such license, with a physician
1467 licensed to practice medicine in another state may count the time of such
1468 collaboration toward the three-year requirement set forth in
1469 subparagraph (A) of this subsection, provided such collaboration
1470 otherwise satisfies the requirements set forth in said subparagraph, as
1471 determined by the commissioner.

1472 (3) An advanced practice registered nurse having (A) been issued a
1473 license pursuant to section 20-94a, as amended by this act, (B)
1474 maintained such license, or, for an advanced practice registered nurse
1475 having been issued a license pursuant to subsection (d) of said section,
1476 such license or a license to practice in another state as an advanced
1477 practice registered nurse or as a person entitled to perform similar
1478 services under a different designation, for a period of not less than three

1479 years, and (C) engaged in the performance of advanced practice level
1480 nursing activities in collaboration with a physician for a period of not
1481 less than three years and not less than two thousand hours in accordance
1482 with the provisions of subdivision (2) of this subsection, may, thereafter,
1483 alone or in collaboration with a physician or another health care
1484 provider licensed to practice in this state: (i) Perform the acts of
1485 diagnosis and treatment of alterations in health status, as described in
1486 subsection (a) of this section; and (ii) prescribe, dispense and administer
1487 medical therapeutics and corrective measures and dispense drugs in the
1488 form of professional samples as described in subdivision (2) of this
1489 subsection in all settings. Any advanced practice registered nurse
1490 electing to practice not in collaboration with a physician in accordance
1491 with the provisions of this subdivision shall maintain documentation of
1492 having engaged in the performance of advanced practice level nursing
1493 activities in collaboration with a physician for a period of not less than
1494 three years and not less than two thousand hours. Such advanced
1495 practice registered nurse shall maintain such documentation for a
1496 period of not less than three years after completing such requirements
1497 and shall submit such documentation to the Department of Public
1498 Health for inspection not later than forty-five days after a request made
1499 by the department for such documentation. Any such advanced practice
1500 registered nurse shall submit written notice to the Commissioner of
1501 Public Health of his or her intention to practice without collaboration
1502 with a physician after completing the requirements described in this
1503 subdivision and prior to beginning such practice. Not later than
1504 December first, annually, the Commissioner of Public Health shall
1505 publish on the department's Internet web site a list of such advanced
1506 practice registered nurses who are authorized to practice not in
1507 collaboration with a physician.

1508 (4) An advanced practice registered nurse licensed under the
1509 provisions of this chapter may make the determination and
1510 pronouncement of death of a patient, provided the advanced practice
1511 registered nurse attests to such pronouncement on the certificate of
1512 death and signs the certificate of death not later than twenty-four hours

1513 after the pronouncement.

1514 Sec. 22. (NEW) (*Effective July 1, 2023*) Not later than January 1, 2024,
1515 the owner or operator of each splash pad and spray park where water
1516 is recirculated shall post a sign in a conspicuous location at or near the
1517 entryway to the splash pad or spray park stating that the water is
1518 recirculated and warning that there is a potential health risk to persons
1519 ingesting the water.

1520 Sec. 23. (NEW) (*Effective from passage*) (a) Notwithstanding the
1521 provisions of chapter 378 of the general statutes, a public or independent
1522 institution of higher education that (1) is accredited as a degree-granting
1523 institution in good standing by a regional accrediting association
1524 recognized by the Secretary of the United States Department of
1525 Education and maintains such accreditation status; and (2) offers, or is
1526 seeking state approval to offer, a nursing program pursuant to section
1527 10a-34 of the general statutes, may apply to the Connecticut State Board
1528 of Examiners for Nursing to establish a pilot program that offers
1529 licensed practical nursing education and training on or before January
1530 30, 2024. As used in this subsection, "public institution of higher
1531 education" and "independent institution of higher education" have the
1532 same meanings as described in section 10a-173 of the general statutes.

1533 (b) An institution of higher education that applies to the Connecticut
1534 State Board of Examiners for Nursing to establish a pilot program
1535 pursuant to subsection (a) of this section shall provide to said board the
1536 following information, in writing, not later than sixty days prior to the
1537 date on which it seeks to establish the pilot program:

1538 (1) Identifying information regarding the pilot program, including,
1539 but not limited to, the name of the program, address where such
1540 program will be administered, responsible party for the program and
1541 contact information for the program;

1542 (2) A description of the pilot program, including accreditation status,
1543 any clinical partner and anticipated enrollment by academic term; and

1544 (3) An identification of resources that support the program.

1545 (c) The Connecticut State Board of Examiners for Nursing shall
1546 approve an application made by an institution of higher education
1547 described in subsection (a) of this section to establish a pilot program
1548 pursuant to said subsection if the institution of higher education
1549 provides the information required pursuant to subsection (b) of this
1550 section.

1551 (d) The pilot program established pursuant to this section shall
1552 comply with the relevant provisions of chapter 378 of the general
1553 statutes and sections 20-90-55 and 20-90-56 of the regulations of
1554 Connecticut state agencies. Notwithstanding the provisions of section
1555 10a-34 of the general statutes, if such pilot program complies with such
1556 provisions for not less than two years, such pilot program shall be
1557 deemed fully approved by the Connecticut State Board of Examiners for
1558 Nursing to operate indefinitely.

1559 Sec. 24. (NEW) (*Effective from passage*) The Office of Higher Education
1560 may enter into a reciprocity agreement with one or more neighboring
1561 states that permits such neighboring state to allow a student attending
1562 an institution of higher education in such neighboring state to train in a
1563 clinical rotation for credit in Connecticut, provided such neighboring
1564 state allows a student attending a Connecticut institution of higher
1565 education to train in a clinical rotation for credit in such neighboring
1566 state.

1567 Sec. 25. Subsection (f) of section 19a-112j of the general statutes is
1568 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1569 *2023*):

1570 (f) A majority of the membership of the commission shall constitute
1571 a quorum for the transaction of any business and any decision shall be
1572 by a majority vote of those present at a meeting, except the commission
1573 may establish such subcommissions, advisory groups or other entities
1574 as it deems necessary to further the purposes of the commission,
1575 including, but not limited to, a subcommission, advisory group or other

1576 entity to evaluate the challenges associated with the provision of home
1577 health care to victims of gun violence.

1578 Sec. 26. (*Effective from passage*) The Department of Public Health, in
1579 consultation with the Department of Mental Health and Addiction
1580 Services, and organizations representing health care facilities and
1581 licensed health care professionals, shall develop a maternal mental
1582 health toolkit to provide information and resources regarding maternal
1583 mental health to licensed health care professionals and new parents in
1584 the state. Such toolkit shall include, but need not be limited to, (1)
1585 information about perinatal mood and anxiety disorders, including, but
1586 not limited to, the symptoms of such disorders, potential impact of such
1587 disorders on families and treatment options for a person with a perinatal
1588 mood or anxiety disorder; and (2) a list of licensed health care
1589 professionals, peer support networks and nonprofit organizations in the
1590 state that treat perinatal mood and anxiety disorders or provide support
1591 for persons with a perinatal mood or anxiety disorder and the family
1592 members of such persons. Not later than October 1, 2023, the
1593 Department of Public Health shall make such toolkit available on its
1594 Internet web site.

1595 Sec. 27. Section 19a-490u of the general statutes is repealed and the
1596 following is substituted in lieu thereof (*Effective October 1, 2023*):

1597 (a) Each hospital, as defined in section 19a-490, shall include training
1598 in the symptoms of dementia as part of such hospital's regularly
1599 provided training to staff members who provide direct care to patients.

1600 (b) On and after October 1, 2021, each hospital shall include training
1601 in implicit bias as part of such hospital's regularly provided training to
1602 staff members who provide direct care to women who are pregnant or
1603 in the postpartum period. As used in this subsection, "implicit bias"
1604 means an attitude or internalized stereotype that affects a person's
1605 perceptions, actions and decisions in an unconscious manner and often
1606 contributes to unequal treatment of a person based on such person's
1607 race, ethnicity, gender identity, sexual orientation, age, disability or

1608 other characteristic.

1609 (c) On and after October 1, 2023, each hospital shall include training
1610 in perinatal mood and anxiety disorders as part of such hospital's
1611 regularly provided training to staff members who provide direct care to
1612 women who are pregnant or in the postpartum period.

1613 Sec. 28. (*Effective from passage*) (a) On or before July 1, 2023, the
1614 Commissioner of Public Health shall convene a working group to advise
1615 the commissioner regarding methods to alleviate emergency
1616 department crowding and the lack of available emergency department
1617 beds in the state, including, but not limited to, the following:

1618 (1) The establishment of a quality measure for the timeliness of the
1619 transfer of an emergency department patient, who will be admitted to
1620 the hospital, out of the hospital's emergency department;

1621 (2) The establishment of emergency department discharge units to
1622 expedite the discharge of patients from the emergency department;

1623 (3) (A) An evaluation of the percentage of emergency department
1624 patients who are held in the emergency department after being
1625 admitted to the hospital and while waiting for an inpatient bed to
1626 become available, and (B) the development of a plan to decrease such
1627 percentage; and

1628 (4) The reduction in liability for hospitals and their emergency
1629 physicians when patient crowding of a hospital's emergency
1630 department has reached the point of causing significant wait times for
1631 patients seeking emergency department services.

1632 (b) The working group convened pursuant to subsection (a) of this
1633 section may include, but need not be limited to, the following members:
1634 (1) Two emergency physicians licensed pursuant to chapter 370 of the
1635 general statutes representing the Connecticut chapter of a national
1636 college of emergency physicians; (2) two emergency physicians licensed
1637 pursuant to chapter 370 of the general statutes, one of whom shall be the

1638 director of the emergency department of a larger hospital system in the
1639 state, and one of whom shall be the director of the emergency
1640 department of an independent community hospital; (3) one primary
1641 care physician licensed pursuant to chapter 370 of the general statutes
1642 representing the Connecticut chapter of a national college of physicians;
1643 (4) two representatives of a hospital association in the state; (5) one
1644 representative of a medical society in the state; (6) one representative of
1645 the Connecticut chapter of a national organization of emergency nurses;
1646 (7) one representative of the Connecticut chapter of a national
1647 organization of pediatric physicians; (8) one representative of the
1648 Connecticut chapter of a national association of psychiatrists; (9) one
1649 representative of an association of nurses in the state; (10) two nurses
1650 licensed pursuant to chapter 378 of the general statutes, one of whom
1651 shall be the nurse director of the emergency department in a larger
1652 hospital system, and one of whom shall be the nurse director of the
1653 emergency department in an independent community hospital; (11) two
1654 patient care navigators, one of whom shall be employed by a larger
1655 hospital system, and one of whom shall be employed by an independent
1656 community hospital; (12) one representative of hospital patients in the
1657 state; (13) one provider of emergency medical transportation services in
1658 the state; (14) one representative of a national association of retired
1659 persons; (15) the Healthcare Advocate, or the Healthcare Advocate's
1660 designee; (16) the Commissioner of Mental Health and Addiction
1661 Services, or the commissioner's designee; (17) the Commissioner of
1662 Children and Families, or the commissioner's designee; (18) one
1663 representative from the Department of Public Health's Office of
1664 Emergency Medical Services; (19) one representative from the
1665 Department of Public Health's facilities licensing and investigations
1666 section; (20) one representative of the Office of the Long-Term Care
1667 Ombudsman; (21) the Child Advocate, or the Child Advocate's
1668 designee; (22) one representative of a nonprofit nursing home in the
1669 state; (23) one representative from a for-profit nursing home in the state;
1670 and (24) one representative from the insurance industry in the state. The
1671 chairpersons of the working group shall be one of the emergency
1672 physicians representing the Connecticut chapter of a national college of

1673 emergency physicians and one of the representatives of a hospital
1674 association in the state, who shall be selected by the Commissioner of
1675 Public Health. Once selected, the chairpersons of the working group
1676 may convene the first meeting of the working group whether or not any
1677 other members of the working group identified in subdivisions (1) to
1678 (24), inclusive, of this subsection have been selected by the
1679 Commissioner of Public Health. If said commissioner has not selected
1680 any member of the working group described in said subdivisions on or
1681 before August 1, 2023, the cochairpersons may jointly select such
1682 member. The first meeting of the working group shall be held not later
1683 than December 1, 2023. The working group shall meet biannually and
1684 at other times upon the call of the cochairpersons.

1685 (c) On or before January 1, 2024, and annually thereafter until January
1686 1, 2025, the working group shall report its findings and
1687 recommendations to the Commissioner of Public Health and, in
1688 accordance with the provisions of section 11-4a of the general statutes,
1689 to the joint standing committee of the General Assembly having
1690 cognizance of matters relating to public health.

1691 Sec. 29. (*Effective from passage*) (a) There is established a task force to
1692 study childhood and adult psychosis. Such study shall include, but need
1693 not be limited to, an examination of (1) the establishment of, in
1694 collaboration with the Departments of Children and Families and
1695 Mental Health and Addiction Services, clinics staffed by mental health
1696 care providers in various fields who provide comprehensive care for
1697 children and adults who are experiencing symptoms of early or first
1698 episode psychosis to prevent symptoms from becoming disabling, (2)
1699 early evaluation of children and adults with symptoms of a psychosis
1700 and management of such symptoms, including, but not limited to,
1701 initiating treatment and making any necessary referrals for additional
1702 treatment or services, (3) creating (A) care pathways that include
1703 specialty teams that treat children and adults who are experiencing
1704 early or first episode psychosis, (B) a state-wide model for coordinating
1705 specialty care for children and adults experiencing psychosis, as
1706 recommended by the National Institute of Mental Health, and (C)

1707 services for such children and adults, including, but not limited to,
1708 collaboration on psychotherapy and pharmacotherapy, family support,
1709 education, coordination with community support services and
1710 collaboration with employers and education systems, and (4)
1711 strengthening existing clinical networks that treat children and adults
1712 experiencing psychosis with a focus on collaborative research and
1713 outcomes. As used in this subsection, "psychosis" means a severe mental
1714 condition in which disruptions to a person's thoughts and perceptions
1715 make it difficult for the person to recognize what is real and what is not
1716 real and are often experienced as seeing, hearing and believing things
1717 that are not real or having strange, persistent thoughts, behaviors and
1718 emotions, including, but not limited to, hallucinations and delusions.

1719 (b) The task force shall consist of the following members:

1720 (1) Two appointed by the speaker of the House of Representatives,
1721 one of whom shall be a child and adolescent psychiatrist with
1722 experience treating patients with psychosis and one of whom shall be a
1723 clinical researcher in the field of psychosis;

1724 (2) Two appointed by the president pro tempore of the Senate, one of
1725 whom shall be a psychiatrist with experience treating adults with
1726 psychosis and one of whom shall be a clinical researcher in the field of
1727 psychosis;

1728 (3) One appointed by the majority leader of the House of
1729 Representatives, who shall be the parent or guardian of a child or
1730 adolescent who has been treated for psychosis;

1731 (4) One appointed by the majority leader of the Senate, who shall be
1732 an adult who has been treated for psychosis;

1733 (5) One appointed by the minority leader of the House of
1734 Representatives, who shall be a licensed mental health care provider
1735 who has treated children or adolescents with psychosis;

1736 (6) One appointed by the minority leader of the Senate, who shall be

1737 a licensed mental health care provider who has treated adults with
1738 psychosis;

1739 (7) The Commissioner of Mental Health and Addiction Services, or
1740 the commissioner's designee; and

1741 (8) The Commissioner of Children and Families, or the
1742 commissioner's designee.

1743 (c) Any member of the task force appointed under subdivision (1),
1744 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
1745 of the General Assembly.

1746 (d) All initial appointments to the task force shall be made not later
1747 than thirty days after the effective date of this section. Any vacancy shall
1748 be filled by the appointing authority.

1749 (e) The speaker of the House of Representatives and the president pro
1750 tempore of the Senate shall select the chairpersons of the task force from
1751 among the members of the task force. Such chairpersons shall schedule
1752 the first meeting of the task force, which shall be held not later than sixty
1753 days after the effective date of this section.

1754 (f) The administrative staff of the joint standing committee of the
1755 General Assembly having cognizance of matters relating to public
1756 health shall serve as administrative staff of the task force.

1757 (g) Not later than January 1, 2024, the task force shall submit a report
1758 on its findings and recommendations to the joint standing committee of
1759 the General Assembly having cognizance of matters relating to public
1760 health, in accordance with the provisions of section 11-4a of the general
1761 statutes. The task force shall terminate on the date that it submits such
1762 report or January 1, 2024, whichever is later.

1763 Sec. 30. (*Effective from passage*) (a) The Departments of Mental Health
1764 and Addiction Services, Social Services and Children and Families shall,
1765 in consultation with direct service providers and individuals with lived
1766 experience, evaluate existing programs for persons with substance use

1767 disorder who are caregivers of children and the barriers to treatment of
1768 such persons and develop a plan for the establishment and
1769 implementation of programs for the treatment of such persons and their
1770 children. Such programs shall include, but need not be limited to, the
1771 following:

1772 (1) Same-day access, in all geographical areas, to family-centered
1773 medication-assisted treatment that includes prenatal and perinatal care
1774 and access to supports that provide a bridge to such treatment;

1775 (2) Intensive in-home treatment supports;

1776 (3) Gender-specific programming;

1777 (4) Expanded access to residential programs for pregnant and
1778 parenting persons, including residential programs for parents who have
1779 more than one child or who have children over the age of seven; and

1780 (5) Access to recovery support specialists and peer support to provide
1781 care coordination.

1782 (b) Not later than January 1, 2024, the Commissioners of Mental
1783 Health and Addiction Services, Social Services and Children and
1784 Families shall jointly report, in accordance with the provisions of section
1785 11-4a of the general statutes, to the joint standing committees of the
1786 General Assembly having cognizance of matters relating to public
1787 health, human services and children regarding such plan and
1788 recommendations for legislative changes necessary to implement the
1789 programs described in subsection (a) of this section.

1790 Sec. 31. (*Effective from passage*) The Departments of Mental Health and
1791 Addiction Services and Social Services shall, in collaboration with the
1792 Office of Early Childhood, establish a plan to permit parents who are in
1793 treatment for substance use disorder to be eligible for child care
1794 supports and subsidies. Not later than January 1, 2024, the
1795 Commissioners of Mental Health and Addiction Services and Social
1796 Services shall jointly report, in accordance with the provisions of section

1797 11-4a of the general statutes, to the joint standing committees of the
1798 General Assembly having cognizance of matters relating to public
1799 health and human services regarding such plan.

1800 Sec. 32. (*Effective from passage*) Not later than January 1, 2024, the
1801 Commissioner of Mental Health and Addiction Services shall report, in
1802 accordance with the provisions of section 11-4a of the general statutes,
1803 to the joint standing committees of the General Assembly having
1804 cognizance of matters relating to public health, human services and
1805 housing regarding access in the state to supportive housing for pregnant
1806 and parenting persons with a substance use disorder.

1807 Sec. 33. (*Effective from passage*) Not later than January 1, 2024, the
1808 Commissioners of Mental Health and Addiction Services, Social
1809 Services and Children and Families shall jointly report, in accordance
1810 with the provisions of section 11-4a of the general statutes, to the joint
1811 standing committees of the General Assembly having cognizance of
1812 matters relating to public health, human services and children regarding
1813 access for parents with a substance use disorder whose children are
1814 receiving services from the Department of Children and Families to
1815 appropriate treatment for substance use disorder in the state to prevent
1816 removal of children from their parents where possible and to support
1817 reunification when removal is necessary, including, but not limited to,
1818 consideration of in-home parenting and child care services to assist with
1819 safety planning during initial stages of treatment and recovery.

1820 Sec. 34. (*Effective from passage*) Not later than January 1, 2024, the
1821 Commissioners of Mental Health and Addiction Services, Children and
1822 Families and Social Services shall jointly report, in accordance with the
1823 provisions of section 11-4a of the general statutes, to the joint standing
1824 committees of the General Assembly having cognizance of matters
1825 relating to public health regarding existing substance use disorder
1826 treatment services for pregnant and parenting persons, utilization of
1827 such services and areas where additional substance use disorder
1828 treatment services for such persons are necessary.

1829 Sec. 35. (*Effective from passage*) Not later than January 1, 2024, the
1830 Commissioner of Children and Families shall report, in accordance with
1831 the provisions of section 11-4a of the general statutes, to the joint
1832 standing committees of the General Assembly having cognizance of
1833 matters relating to public health and children regarding efforts of the
1834 Department of Children and Families to mitigate child safety concerns
1835 in the home when the child is living with a caregiver with a substance
1836 use disorder.

1837 Sec. 36. Subsection (b) of section 17a-674d of the general statutes is
1838 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1839 *2023*):

1840 (b) The committee shall consist of the following members:

1841 (1) The Secretary of the Office of Policy and Management, or the
1842 secretary's designee;

1843 (2) The Attorney General, or the Attorney General's designee;

1844 (3) The Commissioners of Children and Families, Mental Health and
1845 Addiction Services and Public Health, or said commissioners' designees,
1846 who shall serve as ex-officio members;

1847 (4) The president pro tempore of the Senate, the speaker of the House
1848 of Representatives, the majority leaders of the Senate and House of
1849 Representatives, the minority leaders of the Senate and House of
1850 Representatives, the Senate and House chairpersons of the joint
1851 standing **[**committee**]** <u>committees</u> of the General Assembly having
1852 cognizance of matters relating to appropriations and the budgets of state
1853 agencies <u>and public health</u>, or their designees, provided such persons
1854 have experience living with a substance **[**or**]** <u>use</u> disorder or are the
1855 family member of a person who has experience living with a substance
1856 use disorder;

1857 (5) **[**Seventeen**]** <u>Nineteen</u> individuals representing municipalities,
1858 who shall be appointed by the Governor;

1859 (6) The executive director of the Commission on Racial Equity in
1860 Public Health, or a representative of the commission designated by the
1861 executive director; and

1862 (7) **[**Six**]** Eight individuals appointed by the commissioner as follows:
1863 (A) A provider of community-based substance use treatment services
1864 for adults, who shall be a nonvoting member; (B) a provider of
1865 community-based substance use treatment services for adolescents,
1866 who shall be a nonvoting member; (C) an addiction medicine licensed
1867 health care professional with prescribing ability, who shall be a
1868 nonvoting member; **[**and**]** (D) three individuals with experience living
1869 with a substance use disorder or family members of an individual with
1870 experience living with a substance use disorder; and (E) two individuals
1871 with experience supporting infants and children affected by the opioid
1872 crisis.

1873 Sec. 37. Subdivision (8) of section 19a-177 of the general statutes is
1874 repealed and the following is substituted in lieu thereof (*Effective October*
1875 *1, 2023*):

1876 (8) (A) Develop an emergency medical services data collection
1877 system. Each emergency medical service organization licensed or
1878 certified pursuant to this chapter shall submit data to the commissioner,
1879 on a quarterly basis, from each licensed ambulance service, certified
1880 ambulance service or paramedic intercept service that provides
1881 emergency medical services. Such submitted data shall include, but not
1882 be limited to: (i) The total number of and reasons for calls for emergency
1883 medical services received by such licensed ambulance service, certified
1884 ambulance service or paramedic intercept service through the 9-1-1
1885 system during the reporting period; (ii) each level of emergency medical
1886 services, as defined in regulations adopted pursuant to section 19a-179,
1887 required for each such call; (iii) the response time for each licensed
1888 ambulance service, certified ambulance service or paramedic intercept
1889 service during the reporting period; (iv) the number of passed calls,
1890 cancelled calls and mutual aid calls, both made and received, during the
1891 reporting period; and (v) for the reporting period, the prehospital data

1892 for the nonscheduled transport of patients required by regulations
1893 adopted pursuant to subdivision (6) of this section. The data required
1894 under this subdivision may be submitted in any electronic form selected
1895 by such licensed ambulance service, certified ambulance service or
1896 paramedic intercept service and approved by the commissioner,
1897 provided the commissioner shall take into consideration the needs of
1898 such licensed ambulance service, certified ambulance service or
1899 paramedic intercept service in approving such electronic form. The
1900 commissioner may conduct an audit of any such licensed ambulance
1901 service, certified ambulance service or paramedic intercept service as
1902 the commissioner deems necessary in order to verify the accuracy of
1903 such reported data.

1904 (B) On or before June 1, 2023, and annually thereafter, the
1905 commissioner shall prepare a report to the Emergency Medical Services
1906 Advisory Board, established pursuant to section 19a-178a, as amended
1907 by this act, that shall include, but not be limited to, the following data:
1908 (i) The total number of calls for emergency medical services received
1909 during the reporting year by each licensed ambulance service, certified
1910 ambulance service or paramedic intercept service; (ii) the level of
1911 emergency medical services required for each such call; (iii) the name of
1912 the emergency medical service organization that provided each such
1913 level of emergency medical services furnished during the reporting
1914 year; (iv) the response time, by time ranges or fractile response times,
1915 for each licensed ambulance service, certified ambulance service or
1916 paramedic intercept service, using a common definition of response
1917 time, as provided in regulations adopted pursuant to section 19a-179;
1918 and (v) the number of passed calls, cancelled calls and mutual aid calls
1919 during the reporting year. The commissioner shall prepare such report
1920 in a format that categorizes such data for each municipality in which the
1921 emergency medical services were provided, with each such
1922 municipality grouped according to urban, suburban and rural
1923 classifications.

1924 (C) If any licensed ambulance service, certified ambulance service or
1925 paramedic intercept service does not submit the data required under

1926 subparagraph (A) of this subdivision for a period of six consecutive
1927 months, or if the commissioner believes that such licensed ambulance
1928 service, certified ambulance service or paramedic intercept service
1929 knowingly or intentionally submitted incomplete or false data, the
1930 commissioner shall issue a written order directing such licensed
1931 ambulance service, certified ambulance service or paramedic intercept
1932 service to comply with the provisions of subparagraph (A) of this
1933 subdivision and submit all missing data or such corrected data as the
1934 commissioner may require. If such licensed ambulance service, certified
1935 ambulance service or paramedic intercept service fails to fully comply
1936 with such order not later than three months from the date such order is
1937 issued, the commissioner (i) shall conduct a hearing, in accordance with
1938 chapter 54, at which such licensed ambulance service, certified
1939 ambulance service or paramedic intercept service shall be required to
1940 show cause why the primary service area assignment of such licensed
1941 ambulance service, certified ambulance service or paramedic intercept
1942 service should not be revoked, and (ii) may take such disciplinary action
1943 under section 19a-17 as the commissioner deems appropriate.

1944 (D) The commissioner shall collect the data required by
1945 subparagraph (A) of this subdivision, in the manner provided in said
1946 subparagraph, from each emergency medical service organization
1947 licensed or certified pursuant to this chapter. Any such emergency
1948 medical service organization that fails to comply with the provisions of
1949 this section shall be liable for a civil penalty not to exceed one hundred
1950 dollars per day for each failure to report the required data regarding
1951 emergency medical services provided to a patient, as determined by the
1952 commissioner. The civil penalties set forth in this subparagraph shall be
1953 assessed only after the department provides a written notice of
1954 deficiency and the organization is afforded the opportunity to respond
1955 to such notice. An organization shall have not more than fifteen business
1956 days after the date of receiving such notice to provide a written response
1957 to the department. The commissioner may adopt regulations, in
1958 accordance with chapter 54, concerning the development,
1959 implementation, monitoring and collection of emergency medical

1960 service system data. All state agencies licensed or certified as emergency
1961 medical service organizations shall be exempt from the civil penalties
1962 set forth in this subparagraph.

1963 (E) The commissioner shall, with the recommendation of the
1964 Connecticut Emergency Medical Services Advisory Board established
1965 pursuant to section 19a-178a, as amended by this act, adopt for use in
1966 trauma data collection the most recent version of the National Trauma
1967 Data Bank's National Trauma Data Standards and Data Dictionary and
1968 nationally recognized guidelines for field triage of injured patients.

1969 (F) On or before June 1, 2024, and annually thereafter, the
1970 commissioner shall submit the report described in subparagraph (B) of
1971 this subdivision, in accordance with the provisions of section 11-4a, to
1972 the joint standing committee of the General Assembly having
1973 cognizance of matters relating to public health;

1974 Sec. 38. Section 19a-178a of the general statutes is repealed and the
1975 following is substituted in lieu thereof (*Effective October 1, 2023*):

1976 (a) There is established within the Department of Public Health an
1977 Emergency Medical Services Advisory Board.

1978 (b) The advisory board shall consist of members appointed in
1979 accordance with the provisions of this subsection and shall include the
1980 Commissioner of Public Health, the department's emergency medical
1981 services medical director and the president of each of the regional
1982 emergency medical services councils, or their designees. The Governor
1983 shall appoint the following members: (1) One person from the
1984 Connecticut Association of Directors of Health; (2) three persons from
1985 the Connecticut College of Emergency Physicians; (3) one person from
1986 the Connecticut Committee on Trauma of the American College of
1987 Surgeons; (4) one person from the Connecticut Medical Advisory
1988 Committee; (5) one person from the Emergency Nurses Association; (6)
1989 one person from the Connecticut Association of Emergency Medical
1990 Services Instructors; (7) one person from the Connecticut Hospital
1991 Association; (8) two persons representing commercial ambulance

1992 services; (9) one person from the Connecticut State Firefighters
1993 Association; (10) one person from the Connecticut Fire Chiefs
1994 Association; (11) one person from the Connecticut Police Chiefs
1995 Association; (12) one person from the Connecticut State Police; and (13)
1996 one person from the Connecticut Commission on Fire Prevention and
1997 Control. An additional eighteen members shall be appointed as follows:
1998 (A) Three by the president pro tempore of the Senate; (B) three by the
1999 majority leader of the Senate; (C) four by the minority leader of the
2000 Senate; (D) three by the speaker of the House of Representatives; (E) two
2001 by the majority leader of the House of Representatives; and (F) three by
2002 the minority leader of the House of Representatives. The appointees
2003 shall include a person with experience in municipal ambulance services;
2004 a person with experience in for-profit ambulance services; three persons
2005 with experience in volunteer ambulance services; a paramedic; an
2006 emergency medical technician; an advanced emergency medical
2007 technician; a person from an association in the state representing
2008 paramedics and emergency medical technicians; three consumers and
2009 four persons from state-wide organizations with interests in emergency
2010 medical services as well as any other areas of expertise that may be
2011 deemed necessary for the proper functioning of the advisory board. Any
2012 appointment to the advisory board that is vacant for more than one year
2013 shall be filled by the Commissioner of Public Health. The commissioner
2014 shall notify the appointing authority of the identity of the
2015 commissioner's appointment not later than thirty days before making
2016 such appointment.

2017 (c) The Commissioner of Public Health shall appoint a chairperson
2018 from among the members of the advisory board who shall serve for a
2019 term of one year. The advisory board shall elect a vice-chairperson and
2020 secretary. The advisory board shall have committees made up of such
2021 members as the chairperson shall appoint and such other interested
2022 persons as the committee members shall elect to membership. The
2023 advisory board may, from time to time, appoint nonmembers to serve
2024 on such ad hoc committees as it deems necessary to assist with its
2025 functions. The advisory board shall develop bylaws. The advisory board

2026 shall establish a Connecticut Emergency Medical Services Medical
2027 Advisory Committee as a standing committee. The standing committee
2028 shall provide the commissioner, the advisory board and other ad hoc
2029 committees with advice and comment regarding the medical aspects of
2030 their projects. The standing committee may submit reports directly to
2031 the commissioner regarding medically-related concerns that have not,
2032 in the standing committee's opinion, been satisfactorily addressed by
2033 the advisory board.

2034 (d) The term for each appointed member of the advisory board shall
2035 be coterminous with the appointing authority. Appointees shall serve
2036 without compensation.

2037 (e) The advisory board, in addition to other power conferred and in
2038 addition to functioning in a general advisory capacity, shall assist in
2039 coordinating the efforts of all persons and agencies in the state
2040 concerned with the emergency medical service system, and shall render
2041 advice on the development of the emergency medical service system
2042 where needed. The advisory board shall make an annual report to the
2043 commissioner.

2044 (f) The advisory board shall be provided a reasonable opportunity to
2045 review and make recommendations on all regulations, medical
2046 guidelines and policies affecting emergency medical services before the
2047 department establishes such regulations, medical guidelines or policies.
2048 The advisory board shall make recommendations to the Governor and
2049 to the General Assembly concerning legislation which, in the advisory
2050 board's judgment, will improve the delivery of emergency medical
2051 services.

2052 <u>(g) The advisory board shall conduct an annual study of emergency</u>
2053 <u>medical services in the state. Such study shall include an analysis of the</u>
2054 <u>report prepared by the Commissioner of Public Health pursuant to</u>
2055 <u>subparagraph (B) of subdivision (8) of section 19a-177, as amended by</u>
2056 <u>this act, an evaluation of trends and patterns of risk affecting emergency</u>
2057 <u>medical services and identification of areas of the state that are at risk of</u>

2058 receiving delayed emergency medical services. Not later than January
2059 1, 2024, and annually thereafter, the advisory board shall report, in
2060 accordance with the provisions of section 11-4a, to the joint standing
2061 committee of the General Assembly having cognizance of matters
2062 relating to public health regarding such study.

2063 Sec. 39. (*Effective from passage*) The Emergency Medical Services
2064 Advisory Board, established pursuant to section 19a-178a of the general
2065 statutes, as amended by this act, shall study and make
2066 recommendations to address the shortage of emergency medical
2067 services personnel in the state. Not later than January 1, 2024, the
2068 advisory board shall report, in accordance with the provisions of section
2069 11-4a of the general statutes, to the joint standing committee of the
2070 General Assembly having cognizance of matters relating to public
2071 health regarding such study.

2072 Sec. 40. (*Effective from passage*) (a) There is established a task force to
2073 study issues concerning rural health. Such study shall include, but need
2074 not be limited to, an examination of resources and services available to
2075 promote rural health and support health care providers in rural areas
2076 throughout the state and methods for coordinating and streamlining
2077 such resources and services.

2078 (b) The task force shall consist of the following members:

2079 (1) One appointed by the speaker of the House of Representatives;

2080 (2) One appointed by the president pro tempore of the Senate;

2081 (3) One appointed by the majority leader of the House of
2082 Representatives;

2083 (4) One appointed by the majority leader of the Senate;

2084 (5) One appointed by the minority leader of the House of
2085 Representatives;

2086 (6) One appointed by the minority leader of the Senate;

2087 (7) One each appointed by the chairpersons of the joint standing
2088 committee of the General Assembly having cognizance of matters
2089 relating to public health;

2090 (8) One each appointed by the ranking members of the joint standing
2091 committee of the General Assembly having cognizance of matters
2092 relating to public health;

2093 (9) The Commissioner of Public Health, or the commissioner's
2094 designee;

2095 (10) The Commissioner of Mental Health and Addiction Services, or
2096 the commissioner's designee;

2097 (11) The Attorney General, or the Attorney General's designee;

2098 (12) The State Comptroller, or the State Comptroller's designee; and

2099 (13) The executive director of the Office of Health Strategy, or the
2100 executive director's designee.

2101 (c) Any member of the task force appointed under subdivision (1),
2102 (2), (3), (4), (5), (6), (7) or (8) of subsection (b) of this section may be a
2103 member of the General Assembly.

2104 (d) All initial appointments to the task force shall be made not later
2105 than thirty days after the effective date of this section. Any vacancy shall
2106 be filled by the appointing authority.

2107 (e) The speaker of the House of Representatives and the president pro
2108 tempore of the Senate shall select the chairpersons of the task force from
2109 among the members of the task force. Such chairpersons shall schedule
2110 the first meeting of the task force, which shall be held not later than sixty
2111 days after the effective date of this section.

2112 (f) The administrative staff of the joint standing committee of the
2113 General Assembly having cognizance of matters relating to public
2114 health shall serve as administrative staff of the task force.

2115 (g) Not later than January 1, 2024, the task force shall submit a report
2116 on its findings and recommendations to the joint standing committee of
2117 the General Assembly having cognizance of matters relating to public
2118 health, in accordance with the provisions of section 11-4a of the general
2119 statutes. The task force shall terminate on the date that it submits such
2120 report or January 1, 2024, whichever is later.

2121 Sec. 41. (*Effective from passage*) The Commissioner of Education, in
2122 consultation with the Labor Commissioner and Commissioner of Public
2123 Health, shall study the feasibility of establishing an interdistrict magnet
2124 school program that provides education and training to students
2125 interested in health care professions. The program shall provide
2126 pathways for a student to (1) graduate with a certification, license or
2127 registration that enables such student to practice in a health care field
2128 upon graduation from the program, and (2) complete a curriculum
2129 designed to prepare such student for higher education in premedicine
2130 or nursing. Not later than February 1, 2024, the Commissioner of
2131 Education shall report, in accordance with the provisions of section 11-
2132 4a of the general statutes, to the joint standing committee of the General
2133 Assembly having cognizance of matters relating to public health
2134 regarding the results of such study.

2135 Sec. 42. (NEW) (*Effective July 1, 2023*) The Commissioner of Public
2136 Health shall notify each applicant who is approved to take an
2137 examination required for licensure, certification or registration by the
2138 Department of Public Health that such applicant may be eligible for
2139 testing accommodations pursuant to the federal Americans with
2140 Disabilities Act, 42 USC 12101 et seq., as amended from time to time.

2141 Sec. 43. (*Effective from passage*) The Commissioner of Public Health
2142 shall study the feasibility of offering competency testing for dental
2143 assistants, phlebotomists, electrocardiography technicians and
2144 respiratory care practitioners in both English and Spanish. Not later
2145 than February 1, 2024, the commissioner shall report, in accordance with
2146 the provisions of section 11-4a of the general statutes, to the joint
2147 standing committee of the General Assembly having cognizance of

2148 matters relating to public health on such study.

2149 Sec. 44. (*Effective from passage*) The Commissioner of Aging and
2150 Disability Services, in consultation with the Advisory Board for Persons
2151 Who are Deaf, Hard of Hearing or Deafblind, shall conduct a study to
2152 evaluate gaps in communication access for deaf, hard of hearing or
2153 deafblind persons to medical providers and develop recommendations
2154 for improved access, including, but not limited to, interpreting through
2155 American Sign Language for such persons and through Spanish Sign
2156 Language for such persons whose primary language is Spanish. Not
2157 later than October 1, 2023, the commissioner shall report, in accordance
2158 with the provisions of section 11-4a of the general statutes, to the joint
2159 standing committees of the General Assembly having cognizance of
2160 matters relating to aging, human services and public health on such
2161 study.

2162 Sec. 45. Subdivision (1) of subsection (c) of section 20-112a of the
2163 general statutes is repealed and the following is substituted in lieu
2164 thereof (*Effective October 1, 2023*):

2165 (c) (1) A licensed dentist may delegate to dental assistants such dental
2166 procedures as the dentist may deem advisable, including: (A) The taking
2167 of dental x-rays if the dental assistant can demonstrate successful
2168 completion of the dental radiation health and safety examination
2169 administered by the Dental Assisting National Board or a radiation
2170 health and safety competency assessment administered by a dental
2171 education program in the state that is accredited by the American Dental
2172 Association's Commission on Dental Accreditation; (B) the taking of
2173 impressions of teeth for study models; and (C) the provision of fluoride
2174 varnish treatments. Such procedures shall be performed under the
2175 direct supervision of a licensed dentist and the dentist providing direct
2176 supervision shall assume responsibility for such procedures.

2177 Sec. 46. (*Effective from passage*) On or before January 1, 2025, The
2178 University of Connecticut School of Dental Medicine shall develop a
2179 radiation health and safety competency assessment for dental assistants

2180 that reflects current industry practices regarding the taking of dental x-
2181 rays. Such assessment shall be a suitable competency evaluation, the
2182 successful completion of which would allow a dental assistant to take
2183 dental x-rays under the direct supervision of a licensed dentist pursuant
2184 to the provisions of subdivision (1) of subsection (c) of section 20-112a
2185 of the general statutes, as amended by this act. Not later than January 1,
2186 2025, The University of Connecticut School of Dental Medicine shall
2187 report, in accordance with the provisions of section 11-4a of the general
2188 statutes, to the joint standing committee of the General Assembly
2189 having cognizance of matters relating to public health regarding the
2190 development of such assessment.

2191 Sec. 47. Section 19a-197a of the general statutes is repealed and the
2192 following is substituted in lieu thereof (*Effective October 1, 2023*):

2193 (a) As used in this section, **[**"emergency medical technician"**]**
2194 "emergency medical services personnel" means (1) any class of
2195 emergency medical technician certified **[**under regulations adopted
2196 pursuant to section 20-206oo**]** pursuant to sections 20-206*ll* and 20-
2197 206mm, including, but not limited to, any advanced emergency medical
2198 technician, **[**and**]** (2) any paramedic licensed pursuant to **[**section**]**
2199 sections 20-206*ll* and 20-206mm, and (3) any emergency medical
2200 responder certified pursuant to sections 20-206*ll* and 20-206mm.

2201 (b) Any emergency medical **[**technician**]** services personnel who has
2202 been trained, in accordance with national standards recognized by the
2203 Commissioner of Public Health, in the administration of epinephrine
2204 using automatic prefilled cartridge injectors or similar automatic
2205 injectable equipment and who functions in accordance with written
2206 protocols and the standing orders of a licensed physician serving as an
2207 emergency department director **[**may**]** shall administer epinephrine
2208 using such injectors or equipment when the use of epinephrine is
2209 deemed necessary by the emergency medical services personnel for the
2210 treatment of a patient. All emergency medical **[**technicians**]** services
2211 personnel shall receive such training from an organization designated
2212 by the commissioner. All licensed or certified ambulances shall be

2213 equipped with epinephrine in such injectors or equipment **[**which may
2214 be administered**]** <u>that the emergency medical services personnel shall</u>
2215 <u>administer</u> in accordance with written protocols and standing orders of
2216 a licensed physician serving as an emergency department director.

2217 Sec. 48. (NEW) (*Effective from passage*) (a) Each institution, as defined
2218 in section 19a-490 of the general statutes, shall, upon receipt of a medical
2219 records request, provide an electronic copy of such patient's medical
2220 records to another institution (1) as soon as feasible, but not later than
2221 six days after such request is received by the institution, if such request
2222 is urgent, or (2) not later than seven business days after such request is
2223 received, if such request is not urgent. Notwithstanding any other
2224 provision of the general statutes, an institution providing an electronic
2225 copy of a patient's medical records pursuant to the provisions of this
2226 section shall not be required to obtain specific written consent from such
2227 patient before providing such electronic copy.

2228 (b) The provisions of subsection (a) of this section shall not be
2229 construed to require an institution to provide records (1) in violation of
2230 the Health Insurance Portability and Accountability Act of 1996, P.L.
2231 104-191, as amended from time to time, or 45 CFR 160.101 to 45 CFR
2232 164.534, inclusive, as amended from time to time, (2) in response to a
2233 direct request from another health care provider, unless such provider
2234 can validate that such provider has a health provider relationship with
2235 the patient whose records are being requested, or (3) in response to a
2236 third-party request from a person who is not a health care provider that
2237 is not accompanied by valid authorization made in conformance with
2238 the provisions of 45 CFR 164.508, as amended from time to time.

2239 Sec. 49. (*Effective from passage*) (a) There is established a task force to
2240 study methods to address the shortage of radiologic technologists,
2241 nuclear medicine technologists and respiratory care practitioners in the
2242 state and develop a plan to address such shortage.

2243 (b) The task force shall consist of the following members:

2244 (1) One appointed by the speaker of the House of Representatives,

2245 who has expertise in the radiologic technologist profession and is a
2246 representative of a state-wide association of radiologic technologists;

2247 (2) One appointed by the president pro tempore of the Senate, who
2248 has expertise in the nuclear medicine technologists profession and is a
2249 representative of a state-wide association of nuclear medicine
2250 technologists;

2251 (3) One appointed by the majority leader of the House of
2252 Representatives, who has expertise in the respiratory care practitioners
2253 profession and is a representative of a state-wide association of
2254 respiratory care practitioners;

2255 (4) One appointed by the majority leader of the Senate, who is a
2256 representative of an association of hospitals in the state;

2257 (5) One appointed by the minority leader of the House of
2258 Representatives, who is a representative of a society of radiologists in
2259 the state;

2260 (6) One appointed by the minority leader of the Senate, who has
2261 expertise in pulmonary issues and is a representative of a medical
2262 society in the state; and

2263 (7) The chairpersons and ranking members of the joint standing
2264 committee of the General Assembly having cognizance of matters
2265 relating to public health, or the chairpersons' and ranking members'
2266 designees.

2267 (c) Any member of the task force appointed under subsection (b) of
2268 this section may be a member of the General Assembly.

2269 (d) All initial appointments to the task force shall be made not later
2270 than thirty days after the effective date of this section. Any vacancy shall
2271 be filled by the appointing authority.

2272 (e) The speaker of the House of Representatives and the president pro
2273 tempore of the Senate shall select the chairpersons of the task force from

2274 among the members of the task force. Such chairpersons shall schedule
2275 the first meeting of the task force, which shall be held not later than sixty
2276 days after the effective date of this section.

2277 (f) The administrative staff of the joint standing committee of the
2278 General Assembly having cognizance of matters relating to public
2279 health shall serve as administrative staff of the task force.

2280 (g) Not later than January 1, 2024, the task force shall submit a report
2281 on its findings and recommendations to the joint standing committee of
2282 the General Assembly having cognizance of matters relating to public
2283 health, in accordance with the provisions of section 11-4a of the general
2284 statutes. The task force shall terminate on the date that it submits such
2285 report or January 1, 2024, whichever is later."

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	New section
Sec. 2	*July 1, 2023*	New section
Sec. 3	*from passage*	New section
Sec. 4	*from passage*	19a-638(b)
Sec. 5	*October 1, 2023*	New section
Sec. 6	*October 1, 2023*	20-14o
Sec. 7	*July 1, 2023*	New section
Sec. 8	*July 1, 2023*	New section
Sec. 9	*from passage*	New section
Sec. 10	*July 1, 2023*	New section
Sec. 11	*July 1, 2023*	New section
Sec. 12	*July 1, 2023*	New section
Sec. 13	*October 1, 2023*	New section
Sec. 14	*July 1, 2023*	20-14p
Sec. 15	*July 1, 2023*	New section
Sec. 16	*July 1, 2023*	New section
Sec. 17	*July 1, 2023*	New section
Sec. 18	*July 1, 2023*	New section
Sec. 19	*July 1, 2023*	New section
Sec. 20	*October 1, 2023*	20-94a
Sec. 21	*October 1, 2023*	20-87a(b)

Sec. 22	*July 1, 2023*	New section
Sec. 23	*from passage*	New section
Sec. 24	*from passage*	New section
Sec. 25	*July 1, 2023*	19a-112j(f)
Sec. 26	*from passage*	New section
Sec. 27	*October 1, 2023*	19a-490u
Sec. 28	*from passage*	New section
Sec. 29	*from passage*	New section
Sec. 30	*from passage*	New section
Sec. 31	*from passage*	New section
Sec. 32	*from passage*	New section
Sec. 33	*from passage*	New section
Sec. 34	*from passage*	New section
Sec. 35	*from passage*	New section
Sec. 36	*July 1, 2023*	17a-674d(b)
Sec. 37	*October 1, 2023*	19a-177(8)
Sec. 38	*October 1, 2023*	19a-178a
Sec. 39	*from passage*	New section
Sec. 40	*from passage*	New section
Sec. 41	*from passage*	New section
Sec. 42	*July 1, 2023*	New section
Sec. 43	*from passage*	New section
Sec. 44	*from passage*	New section
Sec. 45	*October 1, 2023*	20-112a(c)(1)
Sec. 46	*from passage*	New section
Sec. 47	*October 1, 2023*	19a-197a
Sec. 48	*from passage*	New section
Sec. 49	*from passage*	New section