



House Bill No. 5485

Public Act No. 22-92

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

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 Subdivision (1) of subsection (b) of section 19a-342 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) (1) Notwithstanding the provisions of section 31-40q, as amended by this act, no person shall smoke: (A) In any area of a building or portion of a building, owned and operated or leased and operated by the state or any political subdivision of the state; (B) in any area of a health care institution, including, but not limited to, a psychiatric facility; (C) in any area of a retail establishment accessed by the general public; (D) in any restaurant; (E) in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22c, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any area of an establishment with a permit for the sale of alcoholic liquor pursuant to section [30-23] 30-22aa issued after May 1, 2003, and, on and after April 1, 2004, in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26; [or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-

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37c;] (F) in any area of a school building or on the grounds of such school; (G) within a child care facility or on the grounds of such child care facility, except, if the child care facility is a family child care home, as defined in section 19a-77, such smoking is prohibited only when a child enrolled in such home is present during customary business hours; (H) in any passenger elevator; (I) in any area of a dormitory in any public or private institution of higher education; (J) in any area of a dog race track or a facility equipped with screens for the simulcasting of off-track betting race programs or jai alai games; (K) in any room offered as an accommodation to guests by the operator of a hotel, motel or similar lodging; (L) in any area of a correctional facility or halfway house; or (M) in any area of a platform or a shelter at a rail, busway or bus station, owned and operated or leased and operated by the state or any political subdivision of the state. For purposes of this subsection, "restaurant" means space, in a suitable and permanent building, kept, used, maintained, advertised and held out to the public to be a place where meals are regularly served to the public, "school" has the same meaning as provided in section 10-154a and "child care facility" has the same meaning as provided in section 19a-342a, as amended by this act.

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

(b) (1) No person shall use an electronic nicotine or cannabis delivery system or vapor product: (A) In any area of a building or portion of a building owned and operated or leased and operated by the state or any political subdivision of the state; (B) in any area of a health care institution, including, but not limited to, a psychiatric facility; (C) in any area of a retail establishment accessed by the public; (D) in any restaurant; (E) in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22a, 30-22c, 30-26, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-

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37e or 30-37f, in any area of establishment with a permit issued for the sale of alcoholic liquor pursuant to section [30-23] 30-22aa issued after May 1, 2003; [or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c;] (F) in any area of a school building or on the grounds of such school; (G) within a child care facility or on the grounds of such child care facility, except, if the child care facility is a family child care home as defined in section 19a-77, such use is prohibited only when a child enrolled in such home is present during customary business hours; (H) in any passenger elevator; (I) in any area of a dormitory in any public or private institution of higher education; (J) in any area of a dog race track or a facility equipped with screens for the simulcasting of off-track betting race programs or jai alai games; (K) in any room offered as an accommodation to guests by the operator of a hotel, motel or similar lodging; (L) in any area of a correctional facility, halfway house or residential facility funded by the Judicial Branch; or (M) in any area of a platform or a shelter at a rail, busway or bus station, owned and operated or leased and operated by the state or any political subdivision of the state. For purposes of this subsection, "restaurant" means space, in a suitable and permanent building, kept, used, maintained, advertised and held out to the public to be a place where meals are regularly served to the public, and "school" has the same meaning as provided in section 10-154a.

Sec. 3. Subdivision (4) of section 31-40q of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(4) "Business facility" means a structurally enclosed location or portion thereof at which employees perform services for their employer. The term "business facility" does not include: (A) Facilities listed in subdivision (2) of subsection (b) of section 19a-342 or subdivision (2) of subsection (b) of section 19a-342a; (B) any establishment with a permit for the sale of alcoholic liquor pursuant to section [30-23] 30-22aa, issued

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on or before May 1, 2003; (C) for any business that is engaged in the testing or development of tobacco, tobacco products or cannabis, the areas of such business designated for such testing or development; or (D) during the period from October 1, 2003, to April 1, 2004, establishments with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26. [or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c;]

Sec. 4. Subsection (d) of section 17a-503 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

(d) Any clinical social worker licensed under chapter 383b, [or] advanced practice registered nurse licensed under chapter 378, professional counselor licensed under chapter 383c or marital and family therapist licensed under chapter 383 who (1) has received a minimum of eight hours of specialized training in the conduct of direct evaluations as a member of (A) any mobile crisis team, jail diversion program, crisis intervention team, advanced supervision and intervention support team, or assertive case management program operated by or under contract with the Department of Mental Health and Addiction Services, or (B) a community support program certified by the Department of Mental Health and Addiction Services, and (2) based upon the direct evaluation of a person, has reasonable cause to believe that such person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment, may issue an emergency certificate in writing that authorizes and directs that such person be taken to a general hospital for purposes of a medical examination. The person shall be examined [within] not later than twenty-four hours after arriving at the hospital and shall not be held at the hospital for more than seventy-two hours unless committed under section 17a-502. The Commissioner

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of Mental Health and Addiction Services shall collect and maintain statistical and demographic information pertaining to emergency certificates issued under this subsection.

Sec. 5. Subsection (a) of section 19a-36i of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 6. Subsection (b) of section 19a-496a of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

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Sec. 7. Subsection (h) of section 20-206bb of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

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

Sec. 8. Section 19a-508c of the 2022 supplement to the general statutes, as amended by section 4 of public act 21-129, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

(a) As used in this section:

(1) "Affiliated provider" means a provider that is: (A) Employed by a hospital or health system, (B) under a professional services agreement with a hospital or health system that permits such hospital or health system to bill on behalf of such provider, or (C) a clinical faculty member

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of a medical school, as defined in section 33-182aa, that is affiliated with a hospital or health system in a manner that permits such hospital or health system to bill on behalf of such clinical faculty member;

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

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

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

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

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

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

(8) "Professional fee" means any fee charged or billed by a provider

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for professional medical services provided in a hospital-based facility;

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

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

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

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

(2) (A) The amount of the patient's potential financial liability, including any facility fee likely to be charged, and, where professional medical services are provided by an affiliated provider, any professional fee likely to be charged, or, if the exact type and extent of the professional medical services needed are not known or the terms of a patient's health insurance coverage are not known with reasonable certainty, an estimate of the patient's financial liability based on typical or average charges for visits to the hospital-based facility, including the facility fee, (B) a statement that the patient's actual financial liability will depend on the professional medical services actually provided to the patient, (C) an explanation that the patient may incur financial liability

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that is greater than the patient would incur if the professional medical services were not provided by a hospital-based facility, and (D) a telephone number the patient may call for additional information regarding such patient's potential financial liability, including an estimate of the facility fee likely to be charged based on the scheduled professional medical services; and

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

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

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

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

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

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

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

(e) The written notice described in subsections (b) to (d), inclusive, and (h) to (j), inclusive, of this section shall be in plain language and in a form that may be reasonably understood by a patient who does not possess special knowledge regarding hospital or health system facility

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fee charges. On and after October 1, 2022, such notices shall include tag lines in at least the top fifteen languages spoken in the state indicating that the notice is available in each of those top fifteen languages. The fifteen languages shall be either the languages in the list published by the Department of Health and Human Services in connection with section 1557 of the Patient Protection and Affordable Care Act, P.L. 111-148, or, as determined by the hospital or health system, the top fifteen languages in the geographic area of the hospital-based facility.

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

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

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

(h) A hospital-based facility shall prominently display written notice

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in locations that are readily accessible to and visible by patients, including patient waiting or appointment check-in areas, stating: (1) That the hospital-based facility is part of a hospital or health system, (2) the name of the hospital or health system, and (3) that if the hospital-based facility charges a facility fee, the patient may incur a financial liability greater than the patient would incur if the hospital-based facility was not hospital-based. On and after October 1, 2022, such notices shall include tag lines in at least the top fifteen languages spoken in the state indicating that the notice is available in each of those top fifteen languages. The fifteen languages shall be either the languages in the list published by the Department of Health and Human Services in connection with section 1557 of the Patient Protection and Affordable Care Act, P.L. 111-148, or, as determined by the hospital or health system, the top fifteen languages in the geographic area of the hospital-based facility. Not later than October 1, 2022, and annually thereafter, each hospital-based facility shall submit a copy of the written notice required by this subsection to the Health Systems Planning Unit of the Office of Health Strategy.

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

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

(k) (1) If any transaction described in subsection (c) of section 19a-

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486i, results in the establishment of a hospital-based facility at which facility fees may be billed, the hospital or health system, that is the purchaser in such transaction shall, not later than thirty days after such transaction, provide written notice, by first class mail, of the transaction to each patient served within the three years preceding the date of the transaction by the health care facility that has been purchased as part of such transaction.

(2) Such notice shall include the following information:

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

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

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

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

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

(F) A statement that, prior to seeking services at such hospital-based

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facility, a patient covered by a health insurance policy should contact the patient's health insurer for additional information regarding the hospital-based facility fees, including the patient's potential financial liability, if any, for such fees.

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

(4) A hospital, health system or hospital-based facility shall not collect a facility fee for services provided at a hospital-based facility that is subject to the provisions of this subsection from the date of the transaction until at least thirty days after the written notice required pursuant to this subsection is mailed to the patient or a copy of such notice is filed with the Health Systems Planning Unit of the Office of Health Strategy, whichever is later. A violation of this subsection shall be considered an unfair trade practice pursuant to section 42-110b.

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

(l) Notwithstanding the provisions of this section, no hospital, health system or hospital-based facility shall collect a facility fee for (1) outpatient health care services that use a current procedural terminology evaluation and management (CPT E/M) code or assessment and management (CPT A/M) code and are provided at a hospital-based facility located off-site from a hospital campus, or (2) outpatient health care services provided at a hospital-based facility located off-site from a hospital campus, received by a patient who is

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uninsured of more than the Medicare rate. Notwithstanding the provisions of this subsection, in circumstances when an insurance contract that is in effect on July 1, 2016, provides reimbursement for facility fees prohibited under the provisions of this section, a hospital or health system may continue to collect reimbursement from the health insurer for such facility fees until the date of expiration, renewal or amendment of such contract, whichever such date is the earliest. A violation of this subsection shall be considered an unfair trade practice pursuant to chapter 735a. The provisions of this subsection shall not apply to a freestanding emergency department. As used in this subsection, "freestanding emergency department" means a freestanding facility that (A) is structurally separate and distinct from a hospital, (B) provides emergency care, (C) is a department of a hospital licensed under chapter 368v, and (D) has been issued a certificate of need to operate as a freestanding emergency department pursuant to chapter 368z.

(m) (1) Each hospital and health system shall report not later than July 1, 2023, and annually thereafter to the executive director of the Office of Health Strategy, on a form prescribed by the executive director, concerning facility fees charged or billed during the preceding calendar year. Such report shall include (A) the name and address of each facility owned or operated by the hospital or health system that provides services for which a facility fee is charged or billed, (B) the number of patient visits at each such facility for which a facility fee was charged or billed, (C) the number, total amount and range of allowable facility fees paid at each such facility disaggregated by payer mix, (D) for each facility, the total amount of facility fees charged and the total amount of revenue received by the hospital or health system derived from facility fees, (E) the total amount of facility fees charged and the total amount of revenue received by the hospital or health system from all facilities derived from facility fees, (F) a description of the ten procedures or services that generated the greatest amount of facility fee gross revenue,

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disaggregated by current procedural terminology category (CPT) code for each such procedure or service and, for each such procedure or service, patient volume and the total amount of gross and net revenue received by the hospital or health system derived from facility fees, and (G) the top ten procedures or services for which facility fees are charged based on patient volume and the gross and net revenue received by the hospital or health system for each such procedure or service. For purposes of this subsection, "facility" means a hospital-based facility that is located outside a hospital campus.

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

Sec. 9. Subsection (b) of section 19a-563b of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) On or before January 1, 2022, the Department of Emergency [Management and Homeland Security] Services and Public Protection, in consultation with the Department of Public Health, shall establish a process to evaluate, provide feedback on, approve and distribute personal protective equipment for use by nursing homes in a public health emergency.

Sec. 10. Subsection (a) of section 21a-11b of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) An occupational or professional license, permit, certification or registration issued by the Department of Consumer Protection pursuant to chapter 389, 390, 391, 392, 394, 396, 396a, 399a, 399b, 400, 400b, 400f, 400g, 400h, 400j, 400m, 400o or 400p shall be issued, in the occupation or profession applied for and at a practice level determined by the

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department, to a person who is (1) a resident of this state, as defined in section 12-701, and provides a current driver's license, utility bill, lease agreement or property deed indicating their residence in this state; or (2) married to an active duty member of the armed forces of the United States and accompanies such member, pursuant to an official permanent change of station, to a military installation located in this state, if such person:

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

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

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

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

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

(F) Takes and passes all or a portion of any examination required of other persons applying for the license, permit, certification or registration, except a person married to an active duty member of the

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armed forces of the United States may be required to take and pass all or a portion of such examination at the discretion of the Commissioner of Consumer Protection.

Sec. 11. Subsection (d) of section 38a-493 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 12. Subsection (d) of section 38a-520 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Home health care shall consist of, but shall not be limited to, the following: (1) Part-time or intermittent nursing care by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse, if the services of a registered nurse are not available; (2) part-time or intermittent home health aide services, consisting primarily of patient care of a medical or therapeutic nature by other than

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a registered or licensed practical nurse; (3) physical, occupational or speech therapy; (4) medical supplies, drugs and medicines prescribed by a physician, a physician assistant or an advanced practice registered nurse and laboratory services to the extent such charges would have been covered under the policy or contract if the covered person had remained or had been confined in the hospital; and (5) medical social services provided to or for the benefit of a covered person diagnosed by a physician, a physician assistant or an advanced practice registered nurse as terminally ill with a prognosis of six months or less to live.

Sec. 13. Subsection (c) of section 19a-60 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 14. Subsection (a) of section 19a-131j of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The commissioner may issue an order to temporarily suspend, for a period not to exceed sixty consecutive days, the requirements for licensure, certification or registration, pursuant to chapters 368d, 370, 376 to 376c, inclusive, 378, 378a, 379, 379a, 381a, 382a, 383 to [383c, inclusive,] 383d, inclusive, 383f, 383g, 384b, 384d, 385, 395, 399, 400a, 400j and 474, to allow persons who are appropriately licensed, certified or registered in another state or territory of the United States or the District of Columbia, to render temporary assistance within the scope of the profession for which a person is licensed, certified or registered, in managing a public health emergency in this state, declared by the Governor pursuant to section 19a-131a. Nothing in this section shall be

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construed to permit a person to provide services beyond the scope allowed in the chapter specified in this section that pertains to such person's profession.

Sec. 15. Subdivision (6) of subsection (b) of section 19a-133a of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 16. Section 19a-177a of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 17. Subsection (c) of section 19a-491 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu

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thereof (*Effective from passage*):

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

Sec. 18. Subsection (a) of section 19a-562a of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 19. Subsection (c) of section 20-12j of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 20. Section 22a-42f of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

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

Sec. 21. Section 19a-37i of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 22. Section 19a-180d of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective from passage*):

Emergency medical services personnel, as defined in section 19a-175, who holds the highest classification of licensure or certification from the Department of Public Health under this chapter and chapter 384d shall be responsible for making decisions concerning patient care on the scene of an emergency medical call. If two or more emergency medical service organizations on such scene hold the same licensure or certification classification, the emergency medical service organization for the primary service area responder, as defined in said section, shall be responsible for making such decisions. If all emergency [medicine] medical services personnel on such scene are emergency medical technicians or emergency medical responders, as defined in said section, the emergency medical service organization providing transportation services shall be responsible for making such decisions. An emergency medical service organization on the scene of an emergency medical call who has undertaken decision-making responsibility for patient care shall transfer patient care to a provider with a higher classification of licensure or certification upon such provider's arrival on the scene. All emergency medical services personnel with patient care responsibilities on the scene shall ensure such transfer takes place in a timely and orderly manner. For purposes of this section, the classification of licensure or certification from highest to lowest is: Paramedic, advanced emergency medical technician, emergency medical technician and emergency medical responder. Nothing in this section shall be construed to limit the authority of a fire chief or fire officer-in-charge under section 7-313e to control and direct emergency activities at the scene of an emergency.

Sec. 23. Subsection (a) of section 19a-522h of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Public Health may suspend the

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requirements for licensure to authorize a licensed chronic and convalescent nursing home to provide services to patients with a reportable disease, emergency illness or health condition, pursuant to section [19-91] 19a-91, under their existing license if such licensed chronic and convalescent nursing home (1) provides services to such patients in a building that is not physically connected to its licensed facility, or (2) expands its bed capacity in a portion of a facility that is separate from the licensed facility. Such services may only be provided in order to render temporary assistance in managing a public health emergency in this state, declared by the Governor pursuant to section 19a-131a.

Sec. 24. Section 20-633 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) Any person licensed as a pharmacist under part II of this chapter may (1) administer, to an adult, any vaccine, approved by the United States Food and Drug Administration that is listed on the National Centers for Disease Control and Prevention's Adult Immunization Schedule, and (2) on and after July 1, 2022, administer to any person between the ages of twelve and seventeen, with the consent of such person's parent or guardian, the influenza vaccine approved by the United States Food and Drug Administration, provided the administration of any [such] vaccine under this subsection is conducted pursuant to the order of a licensed health care provider and in accordance with the regulations established pursuant to subsection (b) of this section.

(b) The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health and the Commission of Pharmacy, shall adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section. Such regulations shall (1) require any pharmacist who administers a vaccine [to an adult] pursuant to this section to successfully complete an immunization

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training program for pharmacists; (2) define the basic requirements of such training program, which shall include training and instruction in pre-administration education and screening, vaccine storage and handling, subcutaneous and intramuscular injections, recordkeeping, vaccine safety, cardiopulmonary resuscitation, basic cardiac life support and adverse event reporting; (3) identify qualifying training programs, which are accredited by the National Centers for Disease Control Prevention, the Accreditation Council for Pharmacy Education or other appropriate national accrediting body; and (4) establish a system of control and reporting.

(c) For purposes of this section, "adult" means [an individual] a person who has attained the age of eighteen years.

Sec. 25. Subsection (a) of section 47 of public act 22-58 is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

(a) For purposes of this section, "clinical medical assistant" means a person who (1) (A) is certified by the American Association of Medical Assistants, the National Healthcareer Association, the National Center for Competency Testing or the American Medical Technologists, and (B) has graduated from a postsecondary medical assisting program (i) on and after January 1, 2023, that is accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting Bureau of Health Education Schools or another accrediting organization recognized by the United States Department of Education, or (ii) offered by an institution of higher education accredited by an accrediting organization recognized by the United States Department of Education and that includes a total of seven hundred twenty hours, including one hundred sixty hours of clinical practice skills, including, but not limited to, administering injections, or (2) has completed relevant medical assistant training provided by any branch of the armed forces of the United States.

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