



General Assembly

**Substitute Bill No. 9**

January Session, 2023



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

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

1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section,  
2 "assisted reproductive technology" has the same meaning as provided  
3 in 42 USC 263a-7, as amended from time to time.

4 (b) No person or entity may prohibit or unreasonably limit any  
5 person from (1) accessing assisted reproductive technology, (2)  
6 continuing or completing an ongoing assisted reproductive technology  
7 treatment or procedure pursuant to a written plan or agreement with a  
8 health care provider, or (3) retaining all rights regarding the use of  
9 reproductive genetic materials, including, but not limited to, gametes  
10 and embryos.

11 (c) No person or entity may prohibit or unreasonably limit a health  
12 care provider who is licensed, certified or otherwise authorized to  
13 perform assisted reproductive technology treatments or procedures  
14 from (1) performing any such treatment or procedure, or (2) providing  
15 evidence-based information related to assisted reproductive  
16 technology.

17 Sec. 2. (*Effective July 1, 2023*) The Commissioner of Social Services  
18 shall adjust Medicaid reimbursement criteria to provide funding for

19 same-day access to long-acting reversible contraceptives at federally  
20 qualified health centers. As used in this section, "long-acting reversible  
21 contraceptive" means any method of contraception that does not have  
22 to be used or applied more than once a menstrual cycle or once a  
23 month.

24       Sec. 3. (*Effective from passage*) (a) As used in this section and section 4  
25 of this act, "harm reduction center" means a medical facility where a  
26 person with a substance use disorder may (1) receive (A) substance use  
27 disorder and other mental health counseling, (B) educational  
28 information regarding opioid antagonists, as defined in section 17a-  
29 714a of the general statutes, and the risks of contracting diseases from  
30 sharing hypodermic needles, (C) referrals to substance use disorder  
31 treatment services, and (D) access to basic support services, including,  
32 but not limited to, laundry machines, a bathroom, a shower and a  
33 place to rest, and (2) in a separate location, safely consume controlled  
34 substances under the observation of licensed health care providers  
35 who are present to provide necessary medical treatment in the event of  
36 an overdose of a controlled substance.

37       (b) The Department of Mental Health and Addiction Services, in  
38 consultation with the Department of Public Health, shall establish a  
39 pilot program to prevent drug overdoses through the establishment of  
40 harm reduction centers in three municipalities in the state selected by  
41 the Commissioner of Mental Health and Addiction Services, subject to  
42 the approval of the chief elected officials of each municipality selected  
43 by said commissioner.

44       (c) Each harm reduction center established pursuant to subsection  
45 (b) of this section shall (1) employ licensed health care providers with  
46 experience treating persons with substance use disorders to provide  
47 substance use disorder or other mental health counseling and monitor  
48 persons utilizing the harm reduction center for the purpose of  
49 providing medical treatment to any person who experiences  
50 symptoms of an overdose, in a number determined sufficient by the  
51 Commissioner of Mental Health and Addiction Services, and (2)

52 provide referrals for substance use disorder or other mental health  
53 counseling or other mental health or medical treatment services that  
54 may be appropriate for persons utilizing the harm reduction center. A  
55 licensed health care provider's participation in the pilot program shall  
56 not be grounds for disciplinary action by the Department of Public  
57 Health pursuant to section 19a-17 of the general statutes.

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

63 (e) The Commissioner of Mental Health and Addiction Services  
64 shall adopt regulations, in accordance with the provisions of chapter  
65 54 of the general statutes, to implement the provisions of this section.

66 Sec. 4. (*Effective from passage*) (a) There is established a Harm  
67 Reduction Center Pilot Program Advisory Committee that shall advise  
68 the Department of Mental Health and Addiction Services on issues  
69 concerning the establishment of the harm reduction center pilot  
70 program pursuant to section 3 of this act. The advisory committee shall  
71 meet at the discretion of the Commissioner of Mental Health and  
72 Addiction Services and shall make recommendations to the  
73 commissioner regarding the following:

74 (1) Maximizing the potential public health and safety benefits of the  
75 harm reduction centers;

76 (2) The proper disposal of hypodermic needles;

77 (3) The recovery of persons utilizing the harm reduction centers;

78 (4) Federal, state and local laws impacting the creation and  
79 operation of the harm reduction centers;

80 (5) Appropriate guidance to relevant professional licensing boards

81 concerning the impact of health care providers participating in the  
82 harm reduction center pilot program on the effectiveness of the pilot  
83 program;

84 (6) Potential integration of the harm reduction center pilot program  
85 with other public health efforts;

86 (7) Consideration of any other factors beneficial to promoting the  
87 public health and safety in the operation of the harm reduction center  
88 pilot program; and

89 (8) Liability protection for property owners and staff, volunteers  
90 and participants in the harm reduction center pilot program, from  
91 criminal or civil liability resulting from the operation of a harm  
92 reduction center.

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

94 (1) The Commissioners of Mental Health and Addiction Services  
95 and Public Health, or the commissioners' designee;

96 (2) The president of the Connecticut Conference of Municipalities,  
97 or the president's designee;

98 (3) The cochairperson of the Opioid Settlement Advisory Committee  
99 appointed by the speaker of the House of Representatives and the  
100 president pro tempore of the Senate pursuant to subsection (c) of  
101 section 17a-674d of the general statutes, or the cochairperson's  
102 designee;

103 (4) One member who represents and shall be appointed by a  
104 medical society in the state;

105 (5) One member who represents and shall be appointed by a  
106 hospital society in the state;

107 (6) One member who represents and shall be appointed by the  
108 Connecticut chapter of a national society of addiction medicine;

109 (7) Two members appointed by the speaker of the House of  
110 Representatives, one of whom shall be a person with a substance use  
111 disorder, and one of whom shall be an administrator of a harm  
112 reduction center operating in another state;

113 (8) Two members appointed by the president pro tempore of the  
114 Senate, one of whom shall be a health care provider experienced in  
115 treating persons with substance use disorders and overdose  
116 prevention, and one of whom shall be an administrator of a harm  
117 reduction center operating in another state;

118 (9) One member appointed by the majority leader of the House of  
119 Representatives, who shall be a current or former law enforcement  
120 official;

121 (10) One member appointed by the majority leader of the Senate,  
122 who shall be a family member of a person who suffered a fatal drug  
123 overdose;

124 (11) One member appointed by the minority leader of the House of  
125 Representatives, who shall be a licensed mental health care provider  
126 with experience treating persons with opioid use disorder; and

127 (12) One member appointed by the minority leader of the Senate,  
128 who shall be a licensed health care provider with experience treating  
129 persons who have experienced a drug overdose.

130 (c) The Commissioner of Mental Health and Addiction Services, or  
131 said commissioner's designee, shall be the chairperson of the  
132 committee. The chairperson of the committee, with a vote of the  
133 majority of the members present, may appoint ex-officio nonvoting  
134 members in specialties not represented among voting members. Any  
135 vacancy shall be filled by the appointing authority.

136 (d) The chairperson of the advisory committee may designate one or  
137 more working groups to address specific issues and shall appoint the  
138 members of each working group. Each working group shall report its

139 findings and recommendations to the full advisory committee.

140 (e) Not later than January 1, 2024, and annually thereafter until the  
141 termination of the pilot program, the Commissioner of Mental Health  
142 and Addiction Services shall report, in accordance with the provisions  
143 of section 11-4a of the general statutes, to the joint standing committee  
144 of the General Assembly having cognizance of matters relating to  
145 public health regarding the recommendations of the advisory  
146 committee and the outcome of the harm reduction center pilot  
147 program established pursuant to section 3 of this act.

148 Sec. 5. (NEW) (*Effective October 1, 2023*) (a) As used in this section,  
149 (1) "eligible entity" means a (A) municipality, (B) local or regional  
150 board of education, (C) similar body governing one or more nonpublic  
151 school, (D) district department of health, (E) municipal health  
152 department, or (F) law enforcement agency, and (2) "opioid antagonist"  
153 means naloxone hydrochloride or any other similarly acting and  
154 equally safe drug approved by the federal Food and Drug  
155 Administration for the treatment of a drug overdose.

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

172 the account in any fiscal year.

173 (c) The Department of Mental Health and Addiction Services shall  
174 use the Opioid Antagonist Bulk Purchase Fund to make grants to  
175 eligible entities for the purchase of large quantities of opioid  
176 antagonists in bulk at a discounted price. The department may contract  
177 with a wholesaler of prescription drugs for the purchasing and  
178 distribution of opioid antagonists in bulk. The Commissioner of  
179 Mental Health and Addiction Services shall establish an application  
180 process for eligible entities to apply for a grant under this subsection.

181 (d) The Department of Mental Health and Addiction Services shall  
182 adopt regulations implementing the provisions of this section, in  
183 accordance with the provisions of chapter 54 of the general statutes.  
184 The department may implement the policies and procedures contained  
185 in such proposed regulations while in the process of adopting such  
186 proposed regulations, provided the department publishes notice of  
187 intention to adopt the regulations on the department's Internet web  
188 site and on the eRegulations System not later than twenty days after  
189 implementing such policies and procedures. Policies and procedures  
190 implemented pursuant to this subsection shall be valid until the earlier  
191 of the date on which such regulations are effective or one year after the  
192 publication of such notice of intention.

193 (e) Not later than January 1, 2025, and annually thereafter, the  
194 Commissioner of Mental Health and Addiction Services shall report, in  
195 accordance with the provisions of section 11-4a of the general statutes,  
196 to the joint standing committees of the General Assembly having  
197 cognizance of matters relating to public health and appropriations and  
198 the budgets of state agencies regarding the following information for  
199 the preceding calendar year: (1) The number of grants applications  
200 received, (2) the number of eligible entities that received grants under  
201 this section, (3) the amount in grants made to each such eligible entity,  
202 (4) the amount of opioid antagonists purchased by each such eligible  
203 entity, (5) the use of the opioid antagonists purchased with such grants  
204 by each such eligible entity, if known by the commissioner, and (6) any

205 recommendations regarding the Opioid Antagonist Bulk Purchase  
206 Fund, including any proposed legislation to facilitate the purposes of  
207 this section.

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

210 (a) As used in this section:

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

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

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

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

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

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

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

225 (8) "Opioid antagonist" has the same meaning as provided in section  
226 17a-714a.

227 (b) When issuing a prescription for an opioid drug to an adult  
228 patient for the first time for outpatient use, a prescribing practitioner  
229 who is authorized to prescribe an opioid drug shall not issue a  
230 prescription for more than a seven-day supply of such drug, as  
231 recommended in the National Centers for Disease Control and



232 Prevention's Guideline for Prescribing Opioids for Chronic Pain.

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

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

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

256 (f) When issuing a prescription for an opioid drug to an adult or  
257 minor patient, the prescribing practitioner shall discuss with the  
258 patient the risks associated with the use of such opioid drug,  
259 including, but not limited to, the risks of addiction and overdose  
260 associated with opioid drugs and the dangers of taking opioid drugs  
261 with alcohol, benzodiazepines and other central nervous system  
262 depressants, and the reasons the prescription is necessary, and, if  
263 applicable, with the custodial parent, guardian or other person having

264 legal custody of the minor if such parent, guardian or other person is  
265 present at the time of issuance of the prescription.

266 (g) When issuing a prescription for an opioid drug to an adult or  
267 minor patient, the prescribing practitioner shall also issue a  
268 prescription for an opioid antagonist to the patient when the following  
269 risk factors are present: (1) The patient has a history of a substance use  
270 disorder; (2) the prescribing practitioner issued a prescription for a  
271 high-dose opioid drug that results in ninety morphine milligram  
272 equivalents or higher per day; or (3) concurrent use by the patient of  
273 an opioid drug and a benzodiazepine or nonbenzodiazepine sedative  
274 hypnotic.

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

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

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

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

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

286 (5) "Pharmacist" has the same meaning as provided in section 20-  
287 609a of the general statutes.

288 (b) Not later than January 1, 2024, the Office of Emergency Medical  
289 Services, in collaboration with the Departments of Mental Health and  
290 Addiction Services and Consumer Protection, shall develop a program  
291 for the provision of opioid antagonists and related information by  
292 emergency medical services personnel to certain members of the

293 public. Emergency medical services personnel shall distribute an  
294 opioid antagonist kit containing a personal supply of opioid  
295 antagonists and the one-page fact sheet developed by the Connecticut  
296 Alcohol and Drug Policy Council pursuant to section 17a-667a of the  
297 general statutes regarding the risks of taking an opioid drug,  
298 symptoms of opioid use disorder and services available in the state for  
299 persons who experience symptoms of or are otherwise affected by  
300 opioid use disorder to a patient who (1) is treated by such personnel  
301 for an overdose of an opioid drug, (2) displays symptoms to such  
302 personnel of opioid use disorder, or (3) is treated at a location where  
303 such personnel observes evidence of illicit use of an opioid drug, or to  
304 such patient's family member, caregiver or friend who is present at the  
305 location. Emergency medical services personnel shall refer the patient  
306 or such patient's family member, caregiver or friend to the written  
307 instructions regarding the administration of such opioid antagonist, as  
308 deemed appropriate by such personnel.

309 (c) Emergency medical services organizations may obtain opioid  
310 antagonists for dissemination through the program developed  
311 pursuant to subsection (b) of this section from a pharmacist pursuant  
312 to section 20-633c, 20-633d, as amended by this act, or 21a-286 of the  
313 general statutes.

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

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

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

329 Sec. 8. Subsection (a) of section 20-633d of the general statutes is  
330 repealed and the following is substituted in lieu thereof (*Effective July*  
331 *1, 2023*):

332 (a) A prescribing practitioner, as defined in section 20-14c, who is  
333 authorized to prescribe an opioid antagonist, as defined in section 17a-  
334 714a, and a pharmacy may enter into an agreement for a medical  
335 protocol standing order at such pharmacy allowing a pharmacist  
336 licensed under part II of this chapter to dispense an opioid antagonist  
337 that is [(1)] administered by an intranasal application delivery system  
338 or an auto-injection delivery system [, (2)] and approved by the federal  
339 Food and Drug Administration [, and (3) dispensed to] to (1) any  
340 person at risk of experiencing an overdose of an opioid drug, as  
341 defined in 42 CFR 8.2, [or to] (2) a family member, friend or other  
342 person in a position to assist a person at risk of experiencing an  
343 overdose of an opioid drug, or (3) an emergency medical services  
344 organization for purposes of section 7 of this act.

345 Sec. 9. (NEW) (*Effective July 1, 2023*) (a) The Commissioner of  
346 Education shall establish a Health Care Career Advisory Council  
347 consisting of the following members:

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

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

350 (3) A representative of the Connecticut chapter of a national  
351 association of nurse practitioners;

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

353 (5) A representative of an association of physician assistants in the  
354 state;

355 (6) A representative of the Connecticut chapter of a national  
356 association of social workers;

357 (7) A representative of the Connecticut chapter of a national  
358 association of psychologists in the state; and

359 (8) A representative of an association of pharmacists in the state.

360 (b) The advisory council shall advise the Commissioner of  
361 Education concerning the development of a health care career program  
362 consisting of (1) the promotion of the health care professions as career  
363 options to students in middle and high school, including, but not  
364 limited to, through career day presentations regarding health care  
365 career opportunities in the state, the development of partnerships with  
366 health care career education programs in the state and the creation of  
367 counseling programs directed to high school students in order to  
368 inform them about and recruit them to the health care professions, and  
369 (2) job shadowing and internship experiences in health care fields for  
370 high school students.

371 (c) Members shall receive no compensation except for  
372 reimbursement for necessary expenses incurred in performing their  
373 duties.

374 (d) The Commissioner of Education shall schedule the first meeting  
375 of the advisory council, which shall be held not later than September 1,  
376 2023. The members shall elect the chairperson of the advisory council  
377 from among the members of the council. A majority of the council  
378 members shall constitute a quorum. A majority vote of a quorum shall  
379 be required for any official action of the advisory council. The advisory  
380 council shall meet upon the call of the chairperson or upon the  
381 majority request of the council members.

382 (e) Not later than January 1, 2024, and not less than annually  
383 thereafter, the advisory council shall submit a report, in accordance  
384 with the provisions of section 11-4a of the general statutes, on its  
385 recommendations to the Commissioner of Education and to the joint

386 standing committees of the General Assembly having cognizance of  
387 matters relating to education and public health.

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

392 Sec. 10. (*Effective from passage*) (a) The Commissioner of Public  
393 Health shall convene a working group to develop recommendations  
394 for expanding the nursing workforce in the state. The working group  
395 shall evaluate the following: (1) The quality of the nursing and nurse's  
396 aides education programs in the state; (2) the quality of the clinical  
397 training programs for nurses and nurse's aides in the state; (3) the  
398 potential for increasing the number of clinical training sites for nurses  
399 and nurse's aides; (4) the expansion of clinical training facilities in the  
400 state for nurses and nurse's aides; and (5) barriers to recruitment and  
401 retention of nurses and nurse's aides.

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

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

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

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

410 (4) The president of the Board of Regents for Higher Education, or  
411 the president's designee;

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

414 (6) The president of The University of Connecticut, or the  
415 president's designee;

416 (7) One member of the administration of The University of  
417 Connecticut Health Center;

418 (8) Two representatives of the Connecticut Conference of  
419 Independent Colleges;

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

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

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

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

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

429 (14) The chairpersons and ranking members of the joint standing  
430 committee of the General Assembly having cognizance of matters  
431 relating to public health, or the chairpersons' and ranking members'  
432 designees; and

433 (15) The chairpersons and ranking members of the joint standing  
434 committee of the General Assembly having cognizance of matters  
435 relating to higher education and employment advancement, or the  
436 chairpersons' and ranking members' designees.

437 (c) The cochairpersons of the working group shall be the  
438 Commissioner of Public Health, or the commissioner's designee, and  
439 the president of the Board of Regents for Higher Education, or the  
440 president's designee. The cochairpersons shall schedule the first  
441 meeting of the working group, which shall be held not later than sixty

442 days after the effective date of this section.

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

453 Sec. 11. (NEW) (*Effective July 1, 2023*) On and after January 1, 2024,  
454 notwithstanding any provision of title 10a of the general statutes, each  
455 public institution of higher education shall consider any licensed  
456 health care provider who (1) has not less than ten years of clinical  
457 health care experience in a field in which such provider is licensed,  
458 and (2) applies for a position as an adjunct faculty member at such  
459 institution of higher education in a health care related field in which  
460 such provider has such experience, to be a qualified applicant for such  
461 position and give such provider the same consideration as any other  
462 qualified applicant for such position. As used in this section, "public  
463 institution of higher education" means those constituent units  
464 identified in subdivisions (1) and (2) of section 10a-1 of the general  
465 statutes.

466 Sec. 12. (NEW) (*Effective July 1, 2023*) (a) On or before January 1,  
467 2024, the Office of Higher Education shall establish and administer an  
468 adjunct professor incentive grant program. The program shall provide  
469 incentive grants to each licensed health care provider who accepts a  
470 position as an adjunct professor at a public institution of higher  
471 education that was offered to such provider after being considered as  
472 an applicant for such position pursuant to section 11 of this act. Such  
473 grants shall be in an annual amount that represents the difference  
474 between the provider's most recent annual salary as a licensed health



475 care provider in the clinical setting and the provider's salary as an  
476 adjunct professor at such institution of higher education, for as long as  
477 such provider remains employed as an adjunct professor in a health  
478 care related field at such institution of higher education. The executive  
479 director of the Office of Higher Education shall establish the  
480 application process for the grant program.

481 (b) Not later than January 1, 2025, and annually thereafter, the  
482 executive director of the Office of Higher Education shall report, in  
483 accordance with the provisions of section 11-4a of the general statutes,  
484 to the joint standing committee of the General Assembly having  
485 cognizance of matters relating to public health regarding the number  
486 and demographics of the adjunct professors who applied for and  
487 received incentive grants from the adjunct professor grant program  
488 established under subsection (a) of this section, the number and types  
489 of classes taught by such adjunct professors, the institutions of higher  
490 education employing such adjunct professors and any other  
491 information deemed pertinent by the executive director.

492 Sec. 13. (NEW) (*Effective July 1, 2023*) On and after January 1, 2024,  
493 the Department of Public Health shall offer any competency  
494 evaluations prescribed by the Commissioner of Public Health for  
495 nurse's aides, as defined in section 20-102aa of the general statutes, in  
496 both English and Spanish.

497 Sec. 14. (NEW) (*Effective July 1, 2023*) (a) As used in this section,  
498 "personal care attendant", "consumer" and "personal care assistance"  
499 have the same meanings as provided in section 17b-706 of the general  
500 statutes.

501 (b) Not later than January 1, 2024, the Department of Social Services  
502 shall establish and administer a personal care attendants career  
503 pathways program to improve the quality of care offered by personal  
504 care attendants and incentivize the recruitment and retention of  
505 personal care attendants in the state. A personal care attendant who is  
506 not employed by a consumer, but who is eligible for employment by a

507 consumer, may participate in the program following the completion of  
508 a program orientation developed by the Commissioner of Social  
509 Services.

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

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

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

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

521 (4) Advancement of equity in the provision of personal care  
522 assistance;

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

526 (6) Promotion of self-determination principles by personal care  
527 attendants.

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

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

532 (2) The specialized skills career pathways, including (A) cognitive  
533 impairments and behavioral health, (B) complex physical care needs,  
534 and (C) transitioning to home and community-based living from out-

535 of-home care or homelessness.

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

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

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

548 (2) The number of personal care attendants who successfully  
549 completed a career pathway and the types of career pathways  
550 completed by each attendant;

551 (3) The effectiveness of the program, as determined by surveys,  
552 focus groups and interviews of personal care attendants, and whether  
553 the successful completion of a career pathway resulted in a related  
554 license or certificate for each personal care attendant or the retention of  
555 employment as a personal care attendant;

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

560 (5) The number of personal care attendants who were employed by  
561 a consumer with specialized care needs after completing a specialized  
562 career pathway and were retained in employment by such consumer  
563 for a period of at least twelve months.

564 Sec. 15. (NEW) (*Effective October 1, 2023*) (a) As used in this section,  
565 (1) "board eligible" means a physician has passed the written portion of  
566 the examination administered by a medical specialty board to become  
567 certified in a particular specialty, and (2) "board certified" means a  
568 physician has passed the written and oral portions of the examination  
569 administered by a medical specialty board to become board certified in  
570 a particular specialty.

571 (b) No hospital, or medical review committee of a hospital, shall  
572 require, as part of its credentialing requirements for a (1) board eligible  
573 physician to be granted privileges to practice in the hospital, that the  
574 physician provide credentials of board certification in a particular  
575 specialty until five years after the date on which the physician became  
576 board eligible in such specialty, or (2) board certified physician to be  
577 granted privileges to practice in the hospital, that the physician  
578 provide credentials of board recertification.

579 Sec. 16. Section 20-14p of the general statutes is repealed and the  
580 following is substituted in lieu thereof (*Effective July 1, 2023*):

581 (a) For purposes of this section: (1) "Covenant not to compete"  
582 means any provision of an employment or other contract or agreement  
583 that creates or establishes a professional relationship with a physician  
584 and restricts the right of a physician to practice medicine in any  
585 geographic area of the state for any period of time after the termination  
586 or cessation of such partnership, employment or other professional  
587 relationship; (2) "physician" means an individual licensed to practice  
588 medicine under this chapter; and (3) "primary site where such  
589 physician practices" means (A) the office, facility or location where a  
590 majority of the revenue derived from such physician's services is  
591 generated, or (B) any other office, facility or location where such  
592 physician practices and mutually agreed to by the parties and  
593 identified in the covenant not to compete.

594 (b) (1) A covenant not to compete that is entered into, amended,  
595 extended or renewed prior to July 1, 2023, is valid and enforceable only

596 if it is: (A) Necessary to protect a legitimate business interest; (B)  
597 reasonably limited in time, geographic scope and practice restrictions  
598 as necessary to protect such business interest; and (C) otherwise  
599 consistent with the law and public policy. The party seeking to enforce  
600 a covenant not to compete shall have the burden of proof in any  
601 proceeding.

602 (2) A covenant not to compete that is entered into, amended,  
603 extended or renewed on or after July 1, 2016, but before June 30, 2023,  
604 shall not: (A) Restrict the physician's competitive activities (i) for a  
605 period of more than one year, and (ii) in a geographic region of more  
606 than fifteen miles from the primary site where such physician  
607 practices; or (B) be enforceable against a physician if (i) such  
608 employment contract or agreement was not made in anticipation of, or  
609 as part of, a partnership or ownership agreement and such contract or  
610 agreement expires and is not renewed, unless, prior to such expiration,  
611 the employer makes a bona fide offer to renew the contract on the  
612 same or similar terms and conditions, or (ii) the employment or  
613 contractual relationship is terminated by the employer, unless such  
614 employment or contractual relationship is terminated for cause.

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

618 (4) On and after July 1, 2023, no employment, partnership or  
619 ownership contract or agreement entered into, amended or renewed  
620 shall contain a covenant not to compete and each covenant not to  
621 compete entered into, amended or renewed on and after said date shall  
622 be void and unenforceable. Any physician who is aggrieved by a  
623 violation of this subdivision may bring a civil action in the Superior  
624 Court to recover damages, together with court costs and reasonable  
625 attorney's fees, and for such injunctive and equitable relief as the court  
626 deems appropriate.

627 (c) The remaining provisions of any contract or agreement that

628 includes a covenant not to compete that is rendered void and  
629 unenforceable, in whole or in part, under the provisions of this section  
630 shall remain in full force and effect, including provisions that require  
631 the payment of damages resulting from any injury suffered by reason  
632 of termination of such contract or agreement.

633       Sec. 17. (NEW) (*Effective July 1, 2023*) (a) For purposes of this section:  
634 (1) "Covenant not to compete" means any provision of an employment  
635 or other contract or agreement that creates or establishes a professional  
636 relationship with an advanced practice registered nurse and restricts  
637 the right of an advanced practice registered nurse to provide health  
638 care services as an advanced practice registered nurse in any  
639 geographic area of the state for any period of time after the termination  
640 or cessation of such partnership, employment or other professional  
641 relationship; and (2) "advanced practice registered nurse" means an  
642 individual licensed as an advanced practice registered nurse pursuant  
643 to chapter 378 of the general statutes.

644       (b) On and after July 1, 2023, no employment, partnership or  
645 ownership contract or agreement entered into, amended or renewed  
646 shall contain a covenant not to compete and each covenant not to  
647 compete entered into, amended or renewed on and after said date shall  
648 be void and unenforceable. Any advanced practice registered nurse  
649 who is aggrieved by a violation of this subsection may bring a civil  
650 action in the Superior Court to recover damages, together with court  
651 costs and reasonable attorney's fees, and for such injunctive and  
652 equitable relief as the court deems appropriate.

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

659       Sec. 18. (*Effective from passage*) (a) There is established a task force to

660 study medical malpractice reform to incentivize physicians and other  
661 licensed health care providers to practice in the state.

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

663 (1) Two appointed by the speaker of the House of Representatives,  
664 one of whom has expertise in medical malpractice laws and one of  
665 whom has expertise in tort reform;

666 (2) Two appointed by the president pro tempore of the Senate, one  
667 of whom shall be a representative of a medical society in the state and  
668 one of whom shall be a representative of a hospital association in the  
669 state;

670 (3) One appointed by the majority leader of the House of  
671 Representatives, who shall be a representative of a nurse's association  
672 in the state;

673 (4) One appointed by the majority leader of the Senate, who shall be  
674 a member of the judiciary;

675 (5) One appointed by the minority leader of the House of  
676 Representatives, who shall be a member of an association of trial  
677 lawyers in the state;

678 (6) One appointed by the minority leader of the Senate, who shall be  
679 a health care advocate in the state; and

680 (7) The Commissioner of Public Health, or the commissioner's  
681 designee.

682 (c) Any member of the task force appointed under subdivision (1),  
683 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member  
684 of the General Assembly.

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

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

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

696 (g) Not later than January 1, 2024, the task force shall submit a  
697 report on its findings and recommendations to the joint standing  
698 committee of the General Assembly having cognizance of matters  
699 relating to public health, in accordance with the provisions of section  
700 11-4a of the general statutes. The task force shall terminate on the date  
701 that it submits such report or January 1, 2024, whichever is later.

702 Sec. 19. (NEW) (*Effective July 1, 2023*) The Physical Therapy  
703 Licensure Compact is hereby enacted into law and entered into by the  
704 state of Connecticut with any and all jurisdictions legally joining  
705 therein in accordance with its terms. The compact is substantially as  
706 follows:

707 "PHYSICAL THERAPY LICENSURE COMPACT

708 SECTION 1. PURPOSE

709 The purpose of the compact is to facilitate interstate practice of  
710 physical therapy with the goal of improving public access to physical  
711 therapy services. The practice of physical therapy occurs in the state  
712 where the patient is located at the time of the patient encounter. The  
713 compact preserves the regulatory authority of states to protect public  
714 health and safety through the current system of state licensure.

715 The compact is designed to achieve the following objectives:

716 (1) Increase public access to physical therapy services by providing



717 for the mutual recognition of other member state licenses;

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

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

722 (4) Support spouses of relocating military members;

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

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

728 SECTION 2. DEFINITIONS

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

731 (1) "Active duty military" means full-time duty status in the active  
732 uniformed service of the United States, including members of the  
733 National Guard and Reserve on active duty orders pursuant to 10 USC  
734 1209 and 1211, as amended from time to time;

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

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

741 (4) "Compact privilege" means the authorization granted by a  
742 remote state to allow a licensee from another member state to practice  
743 as a physical therapist or work as a physical therapist assistant in the

744 remote state under its laws and rules. The practice of physical therapy  
745 occurs in the member state where the patient or client is located at the  
746 time of the patient or client encounter;

747 (5) "Continuing competence" means a requirement, as a condition of  
748 license renewal, to provide evidence of participation in, or completion  
749 of, educational and professional activities relevant to practice or area  
750 of work;

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

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

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

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

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

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

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

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

771 (14) "Party state" means any member state in which a licensee holds

772 a current license or compact privilege or is applying for a license or  
773 compact privilege;

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

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

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

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

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

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

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

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

796 SECTION 3. STATE PARTICIPATION IN THE COMPACT

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

798 (1) Participate fully in the commission's data system, including

799 using the commission's unique identifier as defined in rules;

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

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

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

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

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

813 (7) Have continuing competence requirements as a condition for  
814 license renewal.

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

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

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

826 SECTION 4. COMPACT PRIVILEGE

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

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

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

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

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

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

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

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

841 (8) Report to the commission adverse action taken by any  
842 nonmember state not later than thirty days after the date the adverse  
843 action is taken.

844 (b) The compact privilege is valid until the expiration date of the  
845 home license. The licensee shall comply with the requirements of  
846 subsection (a) of this section of the compact to maintain the compact  
847 privilege in the remote state.

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

851 (d) A licensee providing physical therapy in a remote state is subject  
852 to such state's regulatory authority. A remote state may, in accordance  
853 with due process and such state's laws, remove a licensee's compact

854 privilege in the remote state for a specific period of time, impose fines  
855 and take any other necessary action to protect the health and safety of  
856 its citizens. The licensee is not eligible for a compact privilege in any  
857 state until the specific time for removal has passed and all fines are  
858 paid.

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

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

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

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

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

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

872 (2) All fines have been paid; and

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

874 (h) Once the requirements of subsection (g) of this section of the  
875 compact have been met, the licensee shall meet the requirements set  
876 forth in subsection (a) of this section of the compact to obtain a  
877 compact privilege in a remote state.

878 SECTION 5. ACTIVE DUTY MILITARY PERSONNEL OR THEIR  
879 SPOUSES

880 A licensee who is active duty military or is the spouse of an

881 individual who is active duty military may designate one of the  
882 following as the home state:

883 (1) Home of record;

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

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

887 SECTION 6. ADVERSE ACTIONS

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

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

893 (c) Nothing in the compact shall override a member state's decision  
894 that participation in an alternative program may be used in lieu of  
895 adverse action and that such participation shall remain nonpublic if  
896 required by the member state's laws. Member states shall require  
897 licensees who enter any alternative programs in lieu of discipline to  
898 agree not to practice in any other member state during the term of the  
899 alternative program without prior authorization from such other  
900 member state.

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

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

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

908 (2) Issue subpoenas for both hearings and investigations that require  
909 the attendance and testimony of witnesses and the production of  
910 evidence. Subpoenas issued by a physical therapy licensing board in a  
911 party state for the attendance and testimony of witnesses or the  
912 production of evidence from another party state shall be enforced in  
913 such other party state by any court of competent jurisdiction,  
914 according to the practice and procedure of such court applicable to  
915 subpoenas issued in proceedings pending before such court. The  
916 issuing authority shall pay any witness fees, travel expenses, mileage  
917 and other fees required by the service statutes of the state where the  
918 witnesses or evidence are located; and

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

922 (f) Joint Investigations

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

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

930 SECTION 7. ESTABLISHMENT OF THE PHYSICAL THERAPY  
931 COMPACT COMMISSION

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

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

935 (2) Venue is proper and judicial proceedings by or against the  
936 commission shall be brought solely and exclusively in a court of



937 competent jurisdiction where the principal office of the commission is  
938 located. The commission may waive venue and jurisdictional defenses  
939 to the extent that it adopts or consents to participate in alternative  
940 dispute resolution proceedings.

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

943 (b) Membership, Voting and Meetings

944 (1) Each member state shall have and be limited to one delegate  
945 selected by such member state's licensing board.

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

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

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

953 (5) Each delegate shall be entitled to one vote with regard to the  
954 promulgation of rules and creation of bylaws and shall otherwise have  
955 an opportunity to participate in the business and affairs of the  
956 commission.

957 (6) A delegate shall vote in person or by such other means as  
958 provided in the bylaws. The bylaws may provide for delegates'  
959 participation in meetings by telephone or other means of  
960 communication.

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

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

- 964 (1) Establish the fiscal year of the commission;
- 965 (2) Establish bylaws;
- 966 (3) Maintain its financial records in accordance with the bylaws;
- 967 (4) Meet and take such actions as are consistent with the provisions  
968 of the compact and the bylaws;
- 969 (5) Promulgate uniform rules to facilitate and coordinate  
970 implementation and administration of the compact. The rules shall  
971 have the force and effect of law and shall be binding in all member  
972 states;
- 973 (6) Bring and prosecute legal proceedings or actions in the name of  
974 the commission, provided the standing of any state physical therapy  
975 licensing board to sue or be sued under applicable law shall not be  
976 affected;
- 977 (7) Purchase and maintain insurance and bonds;
- 978 (8) Borrow, accept or contract for services of personnel, including,  
979 but not limited to, employees of a member state;
- 980 (9) Hire employees, elect or appoint officers, fix compensation,  
981 define duties and grant such individuals appropriate authority to carry  
982 out the purposes of the compact and establish the commission's  
983 personnel policies and programs relating to conflicts of interest,  
984 qualifications of personnel and other related personnel matters;
- 985 (10) Accept any and all appropriate donations and grants of money,  
986 equipment, supplies, materials and services and receive, utilize and  
987 dispose of such money, equipment, supplies, materials and services,  
988 provided at all times the commission shall avoid any appearance of  
989 impropriety or conflict of interest;
- 990 (11) Lease, purchase, accept appropriate gifts or donations of, or  
991 otherwise own, hold, improve or use any property, real, personal or

992 mixed, provided at all times the commission shall avoid any  
993 appearance of impropriety;

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

996 (13) Establish a budget and make expenditures;

997 (14) Borrow money;

998 (15) Appoint committees, including standing committees composed  
999 of members, state regulators, state legislators or their representatives,  
1000 and consumer representatives and such other interested persons as  
1001 may be designated in the compact and the bylaws;

1002 (16) Provide and receive information from, and cooperate with, law-  
1003 enforcement agencies;

1004 (17) Establish and elect an executive board; and

1005 (18) Perform such other functions as may be necessary or  
1006 appropriate to achieve the purposes of the compact consistent with the  
1007 state regulation of physical therapy licensure and practice.

1008 (d) The Executive Board

1009 The executive board shall have the power to act on behalf of the  
1010 commission according to the terms of the compact.

1011 (1) The executive board shall be composed of nine members as  
1012 follows:

1013 (A) Seven voting members who are elected by the commission from  
1014 the current membership of the commission;

1015 (B) One ex-officio, nonvoting member from the recognized national  
1016 physical therapy professional association; and

1017 (C) One ex-officio, nonvoting member from the recognized

1018 membership organization of the physical therapy licensing boards.

1019 (2) The ex-officio members shall be selected by their respective  
1020 organizations.

1021 (3) The commission may remove any member of the executive  
1022 board as provided in bylaws.

1023 (4) The executive board shall meet at least annually.

1024 (5) The executive board shall have the following duties and  
1025 responsibilities:

1026 (A) Recommend to the entire commission changes to the rules or  
1027 bylaws, changes to the compact legislation, fees paid by compact  
1028 member states, including annual dues, and any commission compact  
1029 fee charged to licensees for the compact privilege;

1030 (B) Ensure compact administration services are appropriately  
1031 provided, contractual or otherwise;

1032 (C) Prepare and recommend the budget;

1033 (D) Maintain financial records on behalf of the commission;

1034 (E) Monitor compact compliance of member states and provide  
1035 compliance reports to the commission;

1036 (F) Establish additional committees as necessary; and

1037 (G) Perform other duties as provided in rules or bylaws.

1038 (e) Meetings of the Commission

1039 (1) All meetings shall be open to the public, and public notice of  
1040 meetings shall be given in the same manner as required under the  
1041 rulemaking provisions of section 9 of the compact.

1042 (2) The commission or the executive board or other committees of

1043 the commission may convene in a closed, nonpublic meeting if the  
1044 commission or executive board or other committees of the commission  
1045 shall discuss:

1046 (A) Noncompliance of a member state with its obligations under the  
1047 compact;

1048 (B) The employment, compensation, discipline or other matters,  
1049 practices or procedures related to specific employees or other matters  
1050 related to the commission's internal personnel practices and  
1051 procedures;

1052 (C) Current, threatened or reasonably anticipated litigation;

1053 (D) Negotiation of contracts for the purchase, lease or sale of goods,  
1054 services or real estate;

1055 (E) Accusing any person of a crime or formally censuring any  
1056 person;

1057 (F) Disclosure of trade secrets or commercial or financial  
1058 information that is privileged or confidential;

1059 (G) Disclosure of information of a personal nature where disclosure  
1060 would constitute a clearly unwarranted invasion of personal privacy;

1061 (H) Disclosure of investigative records compiled for law-  
1062 enforcement purposes;

1063 (I) Disclosure of information related to any investigative reports  
1064 prepared by or on behalf of or for use of the commission or other  
1065 committee charged with responsibility of investigation or  
1066 determination of compliance issues pursuant to the compact; or

1067 (J) Matters specifically exempted from disclosure by federal or  
1068 member state statute.

1069 (3) If a meeting or portion of a meeting is closed pursuant to this

1070 provision, the commission's legal counsel or designee shall certify that  
1071 the meeting may be closed and shall reference each relevant exempting  
1072 provision.

1073 (4) The commission shall keep minutes that fully and clearly  
1074 describe all matters discussed in a meeting and shall provide a full and  
1075 accurate summary of actions taken and the reasons therefor, including  
1076 a description of the views expressed. All documents considered in  
1077 connection with an action shall be identified in such minutes. All  
1078 minutes and documents of a closed meeting shall remain under seal,  
1079 subject to release by a majority vote of the commission or order of a  
1080 court of competent jurisdiction.

1081 (f) Financing of the Commission

1082 (1) The commission shall pay or provide for the payment of the  
1083 reasonable expenses of its establishment, organization and ongoing  
1084 activities.

1085 (2) The commission may accept any and all appropriate revenue  
1086 sources, donations and grants of money, equipment, supplies,  
1087 materials and services.

1088 (3) The commission may levy on and collect an annual assessment  
1089 from each member state or impose fees on other parties to cover the  
1090 cost of the operations and activities of the commission and its staff,  
1091 which shall be in a total amount sufficient to cover its annual budget as  
1092 approved each year for which revenue is not provided by other  
1093 sources. The aggregate annual assessment amount shall be allocated  
1094 based upon a formula to be determined by the commission, which  
1095 shall promulgate a rule binding upon all member states.

1096 (4) The commission shall not incur obligations of any kind prior to  
1097 securing the funds adequate to meet such obligations, or pledge the  
1098 credit of any of the member states, except by and with the authority of  
1099 the member state.

1100 (5) The commission shall keep accurate accounts of all receipts and  
1101 disbursements. The receipts and disbursements of the commission  
1102 shall be subject to the audit and accounting procedures established  
1103 under its bylaws. All receipts and disbursements of funds handled by  
1104 the commission shall be audited annually by a certified or licensed  
1105 public accountant and the report of the audit shall be included in and  
1106 become part of the annual report of the commission.

1107 (g) Qualified Immunity, Defense and Indemnification

1108 (1) The members, officers, executive director, employees and  
1109 representatives of the commission shall be immune from suit and  
1110 liability, either personally or in their official capacity, for any claim for  
1111 damage to or loss of property or personal injury or other civil liability  
1112 caused by or arising out of any actual or alleged act, error or omission  
1113 that occurred or that the person against whom the claim is made had a  
1114 reasonable basis for believing occurred within the scope of commission  
1115 employment, duties or responsibilities, provided nothing in this  
1116 subdivision shall be construed to protect any such person from suit or  
1117 liability for any damage, loss, injury or liability caused by the  
1118 intentional or wilful or wanton misconduct of such person.

1119 (2) The commission shall defend any member, officer, executive  
1120 director, employee or representative of the commission in any civil  
1121 action seeking to impose liability arising out of any actual or alleged  
1122 act, error or omission that occurred within the scope of commission  
1123 employment, duties or responsibilities or that the person against  
1124 whom the claim is made had a reasonable basis for believing occurred  
1125 within the scope of commission employment, duties or responsibilities,  
1126 provided (A) nothing in this subdivision shall be construed to prohibit  
1127 such person from retaining his or her own counsel, and (B) the actual  
1128 or alleged act, error or omission did not result from such person's  
1129 intentional or wilful or wanton misconduct.

1130 (3) The commission shall indemnify and hold harmless any  
1131 member, officer, executive director, employee or representative of the

1132 commission for the amount of any settlement or judgment obtained  
1133 against such person arising out of any actual or alleged act, error or  
1134 omission that occurred within the scope of commission employment,  
1135 duties or responsibilities or that such person had a reasonable basis for  
1136 believing occurred within the scope of commission employment,  
1137 duties or responsibilities, provided the actual or alleged act, error or  
1138 omission did not result from the intentional or wilful or wanton  
1139 misconduct of such person.

1140 SECTION 8. DATA SYSTEM

1141 (a) The commission shall provide for the development, maintenance  
1142 and utilization of a coordinated database and reporting system  
1143 containing licensure, adverse action and investigative information on  
1144 all licensed individuals in member states.

1145 (b) Notwithstanding any other provision of state law to the  
1146 contrary, a member state shall submit a uniform data set to the data  
1147 system on all individuals to whom the compact is applicable as  
1148 required by the rules of the commission, including:

1149 (1) Identifying information;

1150 (2) Licensure data;

1151 (3) Adverse actions against a license or compact privilege;

1152 (4) Nonconfidential information related to alternative program  
1153 participation;

1154 (5) Any denial of application for licensure, and the reason for such  
1155 denial; and

1156 (6) Other information that may facilitate the administration of the  
1157 compact, as determined by the rules of the commission.

1158 (c) Investigative information pertaining to a licensee in any member  
1159 state shall only be available to other party states.



1160 (d) The commission shall promptly notify all member states of any  
1161 adverse action taken against a licensee or an individual applying for a  
1162 license. Adverse action information pertaining to a licensee in any  
1163 member state shall be available to any other member state.

1164 (e) Member states contributing information to the data system may  
1165 designate information that may not be shared with the public without  
1166 the express permission of the contributing state.

1167 (f) Any information submitted to the data system that is  
1168 subsequently required to be expunged by the laws of the member state  
1169 contributing the information shall be removed from the data system.

1170 SECTION 9. RULEMAKING

1171 (a) The commission shall exercise its rulemaking powers pursuant  
1172 to the criteria set forth in this section and the rules adopted  
1173 thereunder. Rules and amendments shall become binding as of the  
1174 date specified in each rule or amendment.

1175 (b) If a majority of the legislatures of the member states rejects a  
1176 rule, by enactment of a statute or resolution in the same manner used  
1177 to adopt the compact not later than four years after the date of  
1178 adoption of the rule, such rule shall have no further force and effect in  
1179 any member state.

1180 (c) Rules or amendments to the rules shall be adopted at a regular or  
1181 special meeting of the commission.

1182 (d) Prior to promulgation and adoption of a final rule or rules by the  
1183 commission, and at least thirty days in advance of the meeting at  
1184 which the rule will be considered and voted upon, the commission  
1185 shall file a notice of proposed rulemaking:

1186 (1) On the Internet web site of the commission or other publicly  
1187 accessible platform; and

1188 (2) On the Internet web site of each member state physical therapy  
1189 licensing board or other publicly accessible platform or the publication  
1190 in which each state would otherwise publish proposed rules.

1191 (e) The notice of proposed rulemaking shall include:

1192 (1) The proposed time, date and location of the meeting in which the  
1193 rule will be considered and voted upon;

1194 (2) The text of the proposed rule or amendment and the reason for  
1195 the proposed rule;

1196 (3) A request for comments on the proposed rule from any  
1197 interested person; and

1198 (4) The manner in which interested persons may submit notice to  
1199 the commission of their intention to attend the public hearing and any  
1200 written comments.

1201 (f) Prior to adoption of a proposed rule, the commission shall allow  
1202 persons to submit written data, facts, opinions and arguments, which  
1203 shall be made available to the public.

1204 (g) The commission shall grant an opportunity for a public hearing  
1205 before it adopts a rule or amendment if a hearing is requested by:

1206 (1) At least twenty-five persons;

1207 (2) A state or federal governmental subdivision or agency; or

1208 (3) An association having at least twenty-five members.

1209 (h) If a hearing is held on the proposed rule or amendment, the  
1210 commission shall publish the place, time and date of the scheduled  
1211 public hearing. If the hearing is held via electronic means, the  
1212 commission shall publish the mechanism for access to the electronic  
1213 hearing.

1214 (1) All persons wishing to be heard at the hearing shall notify the  
1215 executive director of the commission or other designated member in  
1216 writing of their desire to appear and testify at the hearing not less than  
1217 five business days before the scheduled date of the hearing.

1218 (2) Hearings shall be conducted in a manner providing each person  
1219 who wishes to comment a fair and reasonable opportunity to comment  
1220 orally or in writing.

1221 (3) All hearings shall be recorded. A copy of the recording shall be  
1222 made available on request.

1223 (4) Nothing in this section shall be construed as requiring a separate  
1224 hearing on each rule. Rules may be grouped for the convenience of the  
1225 commission at hearings required by this section.

1226 (i) Following the scheduled hearing date, or by the close of business  
1227 on the scheduled hearing date if the hearing was not held, the  
1228 commission shall consider all written and oral comments received.

1229 (j) If no written notice of intent to attend the public hearing by  
1230 interested parties is received, the commission may proceed with  
1231 promulgation of the proposed rule without a public hearing.

1232 (k) The commission shall, by majority vote of all members, take final  
1233 action on the proposed rule and shall determine the effective date of  
1234 the rule, if any, based on the rulemaking record and the full text of the  
1235 rule.

1236 (l) Upon determination that an emergency exists, the commission  
1237 may consider and adopt an emergency rule without prior notice,  
1238 opportunity for comment or hearing, provided the usual rulemaking  
1239 procedures provided in the compact and in this section shall be  
1240 retroactively applied to the rule as soon as reasonably possible, but in  
1241 no event later than ninety days after the effective date of the rule. For  
1242 the purposes of this subsection, an emergency rule shall be adopted  
1243 immediately to:

- 1244 (1) Meet an imminent threat to public health, safety or welfare;
- 1245 (2) Prevent a loss of commission or member state funds;
- 1246 (3) Meet a deadline for the promulgation of an administrative rule  
1247 that is established by federal law or rule; or
- 1248 (4) Protect public health and safety.
- 1249 (m) The commission or an authorized committee of the commission  
1250 may direct revisions to a previously adopted rule or amendment for  
1251 purposes of correcting typographical errors, errors in format, errors in  
1252 consistency or grammatical errors. Public notice of any revisions shall  
1253 be posted on the Internet web site of the commission. The revision  
1254 shall be subject to challenge by any person for a period of thirty days  
1255 after posting. The revision may be challenged only on grounds that the  
1256 revision results in a material change to a rule. A challenge shall be  
1257 made in writing and delivered to the chair of the commission prior to  
1258 the end of the notice period. If no challenge is made, the revision shall  
1259 take effect without further action. If the revision is challenged, the  
1260 revision may not take effect without the approval of the commission.

1261 SECTION 10. OVERSIGHT, DISPUTE RESOLUTION AND  
1262 ENFORCEMENT

1263 (a) Oversight

1264 (1) The executive, legislative and judicial branches of state  
1265 government in each member state shall enforce the compact and take  
1266 all actions necessary and appropriate to effectuate the compact's  
1267 purposes and intent. The provisions of the compact and the rules  
1268 promulgated under the compact shall have standing as statutory law.

1269 (2) All courts shall take judicial notice of the compact and the rules  
1270 in any judicial or administrative proceeding in a member state  
1271 pertaining to the subject matter of the compact which may affect the  
1272 powers, responsibilities or actions of the commission.

1273 (3) The commission shall be entitled to receive service of process in  
1274 any such proceeding and shall have standing to intervene in such a  
1275 proceeding for all purposes. Failure to provide service of process to the  
1276 commission shall render a judgment or order void as to the  
1277 commission, the compact or promulgated rules.

1278 (b) Default, Technical Assistance and Termination

1279 (1) If the commission determines that a member state has defaulted  
1280 in the performance of its obligations or responsibilities under the  
1281 compact or the promulgated rules, the commission shall:

1282 (A) Provide written notice to the defaulting state and other member  
1283 states of the nature of the default, the proposed means of curing the  
1284 default, and or any other action to be taken by the commission; and

1285 (B) Provide remedial training and specific technical assistance  
1286 regarding the default.

1287 (2) If a state in default fails to cure the default, the defaulting state  
1288 may be terminated from the compact upon an affirmative vote of a  
1289 majority of the member states, and all rights, privileges and benefits  
1290 conferred by the compact may be terminated on the effective date of  
1291 termination. A cure of the default shall not relieve the offending state  
1292 of obligations or liabilities incurred during the period of default.

1293 (3) Termination of membership in the compact shall be imposed  
1294 only after all other means of securing compliance have been exhausted.  
1295 Notice of intent to suspend or terminate shall be given by the  
1296 commission to the governor, the majority and minority leaders of the  
1297 defaulting state's legislature and each of the member states.

1298 (4) A state that has been terminated is responsible for all  
1299 assessments, obligations and liabilities incurred through the effective  
1300 date of termination, including obligations that extend beyond the  
1301 effective date of termination.

1302 (5) The commission shall not bear any costs related to a state that is  
1303 found to be in default or that has been terminated from the compact,  
1304 unless agreed upon in writing between the commission and the  
1305 defaulting state.

1306 (6) The defaulting state may appeal the action of the commission by  
1307 petitioning the United States District Court for the District of Columbia  
1308 or the federal district where the commission has its principal offices.  
1309 The prevailing member shall be awarded all costs of such litigation,  
1310 including reasonable attorney's fees.

1311 (c) Dispute resolution.

1312 (1) Upon request by a member state, the commission shall attempt  
1313 to resolve disputes related to the compact that arise among member  
1314 states and between member and nonmember states.

1315 (2) The commission shall promulgate a rule providing for both  
1316 mediation and binding dispute resolution for disputes as appropriate.

1317 (d) Enforcement

1318 (1) The commission, in the reasonable exercise of its discretion, shall  
1319 enforce the provisions and rules of the compact.

1320 (2) By majority vote, the commission may initiate legal action in the  
1321 United States District Court for the District of Columbia or the federal  
1322 district where the commission has its principal offices against a  
1323 member state in default to enforce compliance with the provisions of  
1324 the compact and its promulgated rules and bylaws. The relief sought  
1325 may include both injunctive relief and damages. In the event judicial  
1326 enforcement is necessary, the prevailing member shall be awarded all  
1327 costs of such litigation, including reasonable attorney's fees.

1328 (3) The remedies herein shall not be the exclusive remedies of the  
1329 commission. The commission may pursue any other remedies  
1330 available under federal or state law.

1331 SECTION 11. DATE OF IMPLEMENTATION OF THE  
1332 INTERSTATE COMMISSION FOR PHYSICAL THERAPY PRACTICE  
1333 AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

1334 (a) The compact shall come into effect on the date on which the  
1335 compact statute is enacted into law in the tenth member state. The  
1336 provisions, which become effective at such time, shall be limited to the  
1337 powers granted to the commission relating to assembly and the  
1338 promulgation of rules. Thereafter, the commission shall meet and  
1339 exercise rulemaking powers necessary to the implementation and  
1340 administration of the compact.

1341 (b) Any state that joins the compact subsequent to the commission's  
1342 initial adoption of the rules shall be subject to the rules as they exist on  
1343 the date on which the compact becomes law in such state. Any rule  
1344 that has been previously adopted by the commission shall have the full  
1345 force and effect of law on the day the compact becomes law in such  
1346 state.

1347 (c) Any member state may withdraw from the compact by enacting  
1348 a statute repealing the same.

1349 (1) A member state's withdrawal shall not take effect until six  
1350 months after enactment of the repealing statute.

1351 (2) Withdrawal shall not affect the continuing requirement of the  
1352 withdrawing state's physical therapy licensing board to comply with  
1353 the investigative and adverse action reporting requirements of the  
1354 compact prior to the effective date of withdrawal.

1355 (d) Nothing contained in the compact shall be construed to  
1356 invalidate or prevent any physical therapy licensure agreement or  
1357 other cooperative arrangement between a member state and a  
1358 nonmember state that does not conflict with the provisions of the  
1359 compact.

1360 (e) The compact may be amended by the member states. No

1361 amendment to the compact shall become effective and binding upon  
1362 any member state until it is enacted into the laws of all member states.

1363 SECTION 12. CONSTRUCTION AND SEVERABILITY

1364 The compact shall be liberally construed so as to effectuate the  
1365 purposes thereof. The provisions of the compact shall be severable,  
1366 and if any phrase, clause, sentence or provision of the compact is  
1367 declared to be contrary to the constitution of any party state or the  
1368 Constitution of the United States, or the applicability thereof to any  
1369 government, agency, person or circumstance is held invalid, the  
1370 validity of the remainder of the compact and the applicability thereof  
1371 to any government, agency, person or circumstance shall not be  
1372 affected thereby. If the compact shall be held contrary to the  
1373 constitution of any party state, the compact shall remain in full force  
1374 and effect as to the remaining party states and in full force and effect as  
1375 to the party state affected as to all severable matters."

1376 Sec. 20. (NEW) (*Effective July 1, 2023*) The Commissioner of Public  
1377 Health shall require each person applying for licensure as a physical  
1378 therapist to submit to a state and national fingerprint-based criminal  
1379 history records check pursuant to section 29-17a of the general statutes.  
1380 For the purposes of this section, "physical therapist" means an  
1381 individual licensed for the independent practice of physical therapy,  
1382 and "licensure" means authorization by a state physical therapy  
1383 regulatory authority to engage in the independent practice of physical  
1384 therapy, the practice of which would be unlawful without such  
1385 authorization.

1386 Sec. 21. (*Effective July 1, 2023*) (a) The Commissioner of Public Health  
1387 shall establish a podiatric scope of practice working group to advise  
1388 the Department of Public Health and any relevant scope of practice  
1389 review committee established pursuant to section 19a-16e of the  
1390 general statutes regarding the scope of practice of podiatrists as it  
1391 relates to surgical procedures. The working group shall consist of not  
1392 less than three podiatrists licensed pursuant to chapter 375 of the



1393 general statutes and not less than three orthopedic surgeons licensed  
1394 pursuant to chapter 370 of the general statutes appointed by the  
1395 commissioner. Not later than January 1, 2024, the working group shall  
1396 report to the commissioner and any such scope of practice review  
1397 committee regarding its findings and recommendations.

1398 (b) Not later than February 1, 2024, the Commissioner of Public  
1399 Health shall report, in accordance with the provisions of section 11-4a  
1400 of the general statutes, to the joint standing committee of the General  
1401 Assembly having cognizance of matters relating to public health on the  
1402 findings and recommendations of the working group and whether the  
1403 Department of Public Health and any relevant scope of practice review  
1404 committee is in agreement with such findings and recommendations.

1405 Sec. 22. Section 20-94a of the general statutes is repealed and the  
1406 following is substituted in lieu thereof (*Effective October 1, 2023*):

1407 (a) The Department of Public Health may issue an advanced  
1408 practice registered nurse license to a person seeking to perform the  
1409 activities described in subsection (b) of section 20-87a, upon receipt of  
1410 a fee of two hundred dollars, to an applicant who: (1) Maintains a  
1411 license as a registered nurse in this state, as provided by section 20-93  
1412 or 20-94; (2) holds and maintains current certification as a nurse  
1413 practitioner, a clinical nurse specialist or a nurse anesthetist from one  
1414 of the following national certifying bodies that certify nurses in  
1415 advanced practice: The American Nurses' Association, the Nurses'  
1416 Association of the American College of Obstetricians and  
1417 Gynecologists Certification Corporation, the National Board of  
1418 Pediatric Nurse Practitioners and Associates or the American  
1419 Association of Nurse Anesthetists, their successors or other  
1420 appropriate national certifying bodies approved by the Board of  
1421 Examiners for Nursing; (3) has completed thirty hours of education in  
1422 pharmacology for advanced nursing practice; and (4) (A) holds a  
1423 graduate degree in nursing or in a related field recognized for  
1424 certification as either a nurse practitioner, a clinical nurse specialist, or  
1425 a nurse anesthetist by one of the foregoing certifying bodies, or (B) (i)

1426 on or before December 31, 2004, completed an advanced nurse  
1427 practitioner program that a national certifying body identified in  
1428 subdivision (2) of subsection (a) of this section recognized for  
1429 certification of a nurse practitioner, clinical nurse specialist, or nurse  
1430 anesthetist, and (ii) at the time of application, holds a current license as  
1431 an advanced practice registered nurse in another state that requires a  
1432 master's degree in nursing or a related field for such licensure. No  
1433 license shall be issued under this section to any applicant against  
1434 whom professional disciplinary action is pending or who is the subject  
1435 of an unresolved complaint.

1436 (b) During the period commencing January 1, 1990, and ending  
1437 January 1, 1992, the Department of Public Health may in its discretion  
1438 allow a registered nurse, who has been practicing as an advanced  
1439 practice registered nurse in a nurse practitioner role and who is unable  
1440 to obtain certification as a nurse practitioner by one of the national  
1441 certifying bodies specified in subsection (a) of this section, to be  
1442 licensed as an advanced practice registered nurse provided the  
1443 individual:

1444 (1) Holds a current Connecticut license as a registered nurse  
1445 pursuant to this chapter;

1446 (2) Presents the department with documentation of the reasons one  
1447 of such national certifying bodies will not certify him as a nurse  
1448 practitioner;

1449 (3) Has been in active practice as a nurse practitioner for at least five  
1450 years in a facility licensed pursuant to section 19a-491;

1451 (4) Provides the department with documentation of his preparation  
1452 as a nurse practitioner;

1453 (5) Provides the department with evidence of at least seventy-five  
1454 contact hours, or its equivalent, of continuing education related to his  
1455 nurse practitioner specialty in the preceding five calendar years;

1456 (6) Has completed thirty hours of education in pharmacology for  
1457 advanced nursing practice;

1458 (7) Has his employer provide the department with a description of  
1459 his practice setting, job description, and a plan for supervision by a  
1460 licensed physician;

1461 (8) Notifies the department of each change of employment to a new  
1462 setting where he will function as an advanced practice registered nurse  
1463 and will be exercising prescriptive and dispensing privileges.

1464 (c) Any person who obtains a license pursuant to subsection (b) of  
1465 this section shall be eligible to renew such license annually provided  
1466 he presents the department with evidence that he received at least  
1467 fifteen contact hours, or its equivalent, eight hours of which shall be in  
1468 pharmacology, of continuing education related to his nurse  
1469 practitioner specialty in the preceding licensure year. If an individual  
1470 licensed pursuant to subsection (b) of this subsection becomes eligible  
1471 at any time for certification as a nurse practitioner by one of the  
1472 national certifying bodies specified in subsection (a) of this section, the  
1473 individual shall apply for certification, and upon certification so notify  
1474 the department, and apply to be licensed as an advanced practice  
1475 registered nurse in accordance with subsection (a) of this section.

1476 (d) On and after October 1, 2023, a person, who is not eligible for  
1477 licensure under subsection (a) of this section, may apply for licensure  
1478 by endorsement as an advanced practice registered nurse. Such  
1479 applicant shall (1) present evidence satisfactory to the Commissioner  
1480 of Public Health that the applicant has acquired three years of  
1481 experience as an advanced practice registered nurse, or as a person  
1482 entitled to perform similar services under a different designation, in  
1483 another state or jurisdiction that has requirements for practicing in  
1484 such capacity that are substantially similar to, or higher than, those of  
1485 this state and that there are no disciplinary actions or unresolved  
1486 complaints pending against such person, and (2) pay a fee of two  
1487 hundred dollars to the commissioner.

1488 [(d)] (e) A person who has received a license pursuant to this section  
1489 shall be known as an "Advanced Practice Registered Nurse" and no  
1490 other person shall assume such title or use the letters or figures which  
1491 indicate that the person using the same is a licensed advanced practice  
1492 registered nurse.

1493 Sec. 23. Section 10a-19l of the general statutes is repealed and the  
1494 following is substituted in lieu thereof (*Effective July 1, 2023*):

1495 (a) Not later than January 1, 2023, the Office of Higher Education  
1496 shall establish a health care provider loan reimbursement program.  
1497 The health care provider loan reimbursement program shall provide  
1498 loan reimbursement grants to health care providers licensed by the  
1499 Department of Public Health who are employed full-time as a health  
1500 care provider in the state.

1501 (b) The executive director of the Office of Higher Education shall (1)  
1502 develop, in consultation with the Department of Public Health,  
1503 eligibility requirements for recipients of such loan reimbursement  
1504 grants, which requirements may include, but need not be limited to,  
1505 income guidelines, [and] (2) award at least twenty per cent of such  
1506 loan reimbursement grants to graduates of a regional community-  
1507 technical college, and (3) award at least ten per cent of such loan  
1508 reimbursement grants to persons employed full-time as health care  
1509 providers in a rural community in the state. The executive director  
1510 shall consider health care workforce shortage areas when developing  
1511 such eligibility requirements. A person who qualifies for a loan  
1512 reimbursement grant shall be reimbursed on an annual basis for  
1513 qualifying student loan payments in amounts determined by the  
1514 executive director. A health care provider shall only be reimbursed for  
1515 loan payments made while such person is employed full-time in the  
1516 state as a health care provider. Persons may apply for loan  
1517 reimbursement grants to the Office of Higher Education at such time  
1518 and in such manner as the executive director prescribes.

1519 (c) The Office of Higher Education may accept gifts, grants and

1520 donations, from any source, public or private, for the health care  
 1521 provider loan reimbursement program.

1522       Sec. 24. (NEW) (*Effective July 1, 2023*) Not later than January 1, 2024,  
 1523 the owner or operator of each splash pad and spray park where water  
 1524 is recirculated shall post a sign in a conspicuous location at or near the  
 1525 entryway to the splash pad or spray park stating that the water is  
 1526 recirculated and warning that there is a potential health risk to persons  
 1527 ingesting the water.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2023</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>October 1, 2023</i>	New section
Sec. 6	<i>October 1, 2023</i>	20-14o
Sec. 7	<i>July 1, 2023</i>	New section
Sec. 8	<i>July 1, 2023</i>	20-633d(a)
Sec. 9	<i>July 1, 2023</i>	New section
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>July 1, 2023</i>	New section
Sec. 12	<i>July 1, 2023</i>	New section
Sec. 13	<i>July 1, 2023</i>	New section
Sec. 14	<i>July 1, 2023</i>	New section
Sec. 15	<i>October 1, 2023</i>	New section
Sec. 16	<i>July 1, 2023</i>	20-14p
Sec. 17	<i>July 1, 2023</i>	New section
Sec. 18	<i>from passage</i>	New section
Sec. 19	<i>July 1, 2023</i>	New section
Sec. 20	<i>July 1, 2023</i>	New section
Sec. 21	<i>July 1, 2023</i>	New section
Sec. 22	<i>October 1, 2023</i>	20-94a
Sec. 23	<i>July 1, 2023</i>	10a-19l
Sec. 24	<i>July 1, 2023</i>	New section

**Statement of Legislative Commissioners:**

In Section 3(d), "17a-674a" was changed to "17a-674c" for accuracy; in Section 7(c), (d) and (e), references to Subsec. (a) were changed to Subsec. (b), for accuracy; and in Section 7(e) and Section 10(d), "in accordance with section 11-4a" was changed to "in accordance with the provisions of section 11-4a" for consistency.

**PH**            *Joint Favorable Subst.*