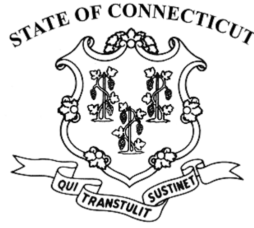

Substitute Senate Bill No. 807

Public Act No. 19-56

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR REVISIONS TO THE PUBLIC HEALTH STATUTES, DENTAL ASSISTANTS AND DENTAL THERAPY.

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

Section 1. Subsection (b) of section 10a-109gg of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The proceeds of the sale of the bond issuance described in subsection (a) of this section shall be used by the Office of Policy and Management, in consultation with the chairperson of the Board of Trustees of the university, for the purpose of the UConn health network initiatives in the following manner: (1) Five million dollars of such proceeds shall be used by Hartford Hospital to develop a simulation and conference center on the Hartford Hospital campus to be run exclusively by Hartford Hospital; **[,]** (2) five million dollars of such proceeds shall be used to fulfill the initiative for a primary care institute on the Saint Francis Hospital and Medical Center campus; **[,]** (3) five million dollars of such proceeds shall be used to fulfill the initiatives for a comprehensive cancer center and The University of Connecticut-sponsored health disparities institute; (4) five million dollars of such proceeds shall be used to fulfill the initiatives for the

planning, design, land acquisition, development and construction of (A) a cancer treatment center to be constructed by, or in partnership with, The Hospital of Central Connecticut, provided such cancer treatment center is located entirely within the legal boundaries of the city of New Britain, (B) renovations and upgrades to the oncology unit at The Hospital of Central Connecticut, and (C) if certificate of need approval is received, a Permanent Regional Phase One Clinical Trials Unit located at The Hospital of Central Connecticut in New Britain; and (5) two million dollars of such proceeds shall be used to fulfill the initiatives for patient room renovations at Bristol Hospital. In the event that the cancer treatment center authorized pursuant to subdivision (4) of this subsection is built in whole or in part outside the legal boundaries of the city of New Britain, The Hospital of Central Connecticut shall repay the entire amount of the proceeds used to fulfill the initiatives for the planning, design, development and construction of such center.

Sec. 2. Subsection (a) of section 17a-217a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There shall be a Camp Harkness Advisory Committee to advise the Commissioner of Developmental Services with respect to issues concerning the health and safety of persons who attend and utilize the facilities at Camp Harkness. The advisory committee shall be composed of twelve members as follows: (1) Six members appointed by the Governor, one of whom shall be the director of Camp Harkness, who shall serve ex officio, one of whom shall represent the Southeastern Connecticut Association for Developmental Disabilities, one of whom shall represent the Southbury Training School, one of whom shall represent the Arc of New London County, one of whom **[**who is**]** shall be a person who uses the camp on a residential basis and one of whom **[**is**]** shall be a relative or guardian of a person who uses

the camp; and (2) six members appointed by the General Assembly, one of whom shall be a relative or guardian of a person who uses the camp, who shall be appointed by the president pro tempore of the Senate; one of whom shall be a member of the Family Support Council established pursuant to section 17a-219c and represent persons who use the camp on a day basis, who shall be appointed by the speaker of the House of Representatives; one of whom shall represent the board of selectmen of the town of Waterford, who shall be appointed by the majority leader of the House of Representatives; one of whom shall represent a private nonprofit corporation that is: (A) Tax exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent internal revenue code of the United States, as amended from time to time, and (B) established to promote and support Camp Harkness and its camping programs, who shall be appointed by the majority leader of the Senate; one of whom shall represent the Connecticut Institute for the Blind and the Oak Hill School, who shall be appointed by the minority leader of the House of Representatives; and one of whom shall represent the United Cerebral Palsy Association, who shall be appointed by the minority leader of the Senate.

Sec. 3. Subsection (c) of section 17b-337 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The Long-Term Care Planning Committee shall consist of: (1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, elderly services and long-term care; (2) the Commissioner of Social Services, or the commissioner's designee; (3) one member of the Office of Policy and Management appointed by the Secretary of the Office of Policy and Management; (4) one member from the Department of Public Health

appointed by the Commissioner of Public Health; (5) one member from the Department of Housing appointed by the Commissioner of Housing; (6) one member from the Department of Developmental Services appointed by the Commissioner of Developmental Services; (7) one member from the Department of Mental Health and Addiction Services appointed by the Commissioner of Mental Health and Addiction Services; (8) one member from the Department of Transportation appointed by the Commissioner of Transportation; (9) one member from the Department of Children and Families appointed by the Commissioner of Children and Families; **[**and**]** (10) one member from the Health Systems Planning Unit of the Office of Health Strategy appointed by the executive director of the Office of Health Strategy; and (11) one member from the Department of Rehabilitation Services appointed by the Commissioner of Rehabilitation Services. The committee shall convene no later than ninety days after June 4, 1998. Any vacancy shall be filled by the appointing authority. The chairperson shall be elected from among the members of the committee. The committee shall seek the advice and participation of any person, organization or state or federal agency it deems necessary to carry out the provisions of this section.

Sec. 4. Subsection (d) of section 19a-36i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Each class 2 food establishment, class 3 food establishment and class 4 food establishment shall employ a certified food protection manager. No person shall serve as a certified food protection manager unless such person has satisfactorily passed a test as part of a food protection manager certification program that is evaluated and approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its standards for accreditation of food protection manager certification programs. A certified food

inspector shall verify that the food protection manager is certified upon inspection of the food establishment. The owner or manager of the food service establishment shall designate an alternate person or persons to be in charge at all times when the certified food protection manager cannot be present. The alternate person or persons in charge shall be responsible for ensuring the following: **[**(A)**]** (1) All employees are in compliance with the requirements of this section; **[**(B)**]** (2) foods are safely prepared in accordance with the requirements of the food code; **[**(C)**]** (3) emergencies are managed properly; **[**(D)**]** (4) a food inspector is admitted into the food establishment upon request; and **[**(E)**]** (5) he or she receives and signs inspection reports.

Sec. 5. Subsection (c) of section 19a-59i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The maternal mortality review committee may include, but need not be limited to, any of the following members, as needed, depending on the maternal death case being reviewed:

(1) A physician licensed pursuant to chapter 370 who specializes in obstetrics and gynecology, appointed by the Connecticut State Medical Society;

(2) A physician licensed pursuant to chapter 370 who is a pediatrician, appointed by the Connecticut State Medical Society;

(3) A community health worker, appointed by the Commission on Equity and Opportunity;

(4) A nurse-midwife licensed pursuant to chapter 377, appointed by the Connecticut Nurses Association;

(5) A clinical social worker licensed pursuant to chapter 383b, appointed by the Connecticut Chapter of the National Association of

Social Workers;

(6) A psychiatrist licensed pursuant to chapter 370, appointed by the Connecticut Psychiatric Society;

(7) A psychologist licensed pursuant to chapter 20-136, appointed by the Connecticut Psychological Association;

(8) The Chief Medical Examiner, or the Chief Medical Examiner's designee;

(9) A member of the Connecticut Hospital Association;

(10) A representative of a community or regional program or facility providing services for persons with psychiatric disabilities or persons with substance use disorders, appointed by the Commissioner of Public Health;

(11) A representative of The University of Connecticut-sponsored health disparities institute; or

(12) Any additional member the cochairpersons determine would be beneficial to serve as a member of the committee.

Sec. 6. Subparagraphs (D) and (E) of subdivision (8) of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the required data regarding emergency medical services provided to a patient, as determined by

the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph. **[**;**]**

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to section 19a-178a, adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients; **[**.**]**

Sec. 7. Section 19a-575 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any person eighteen years of age or older may execute a document that contains directions as to any aspect of health care, including the withholding or withdrawal of life support systems. Such document shall be signed and dated by the maker with at least two witnesses and may be in substantially the following form:

DOCUMENT CONCERNING HEALTH CARE AND WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician or advanced practice registered nurse as

to my own medical care, I wish this statement to stand as a testament of my wishes.

"I, ... (Name), request that, if my condition is deemed terminal or if it is determined that I will be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician or advanced practice registered nurse, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to:

Artificial respiration
Cardiopulmonary resuscitation
Artificial means of providing nutrition and hydration

(Cross out and initial life support systems you want administered)

I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

If I am pregnant:

(Place a check to indicate option (1) or (2) or specify alternative instructions after (3))

.... (1) I intend to accept life support systems if my doctor
believes that doing so would allow my fetus to reach a live birth.
.... (2) I intend this document to apply without modifications.
(3) I intend this document to apply as follows: …."

Other specific requests:

"This request is made, after careful reflection, while I am of sound mind."

.... (Signature)
.... (Date)

This document was signed in our presence, by the above-named .... (Name) who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time the document was signed.

.... (Witness)
.... (Address)
.... (Witness)
.... (Address)

Sec. 8. Subsection (a) of section 19a-575a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any person eighteen years of age or older may execute a document that contains health care instructions, the appointment of a health care representative, the designation of a conservator of the person for future incapacity and a document of anatomical gift. Any such document shall be signed and dated by the maker with at least two witnesses and may be in the substantially following form:

THESE ARE MY HEALTH CARE INSTRUCTIONS.

MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,

THE DESIGNATION OF MY CONSERVATOR OF THE PERSON

FOR MY FUTURE INCAPACITY

AND

MY DOCUMENT OF ANATOMICAL GIFT

To any physician or advanced practice registered nurse who is treating me: These are my health care instructions including those concerning the withholding or withdrawal of life support systems, together with the appointment of my health care representative, the designation of my conservator of the person for future incapacity and my document of anatomical gift. As my physician or advanced practice registered nurse, you may rely on these health care instructions and any decision made by my health care representative or conservator of my person, if I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician or advanced practice registered nurse as to my own medical care.

I, ..., the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician or advanced practice registered nurse, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to: Artificial respiration, cardiopulmonary resuscitation and artificial means of providing nutrition and hydration. I do want sufficient pain medication to maintain my physical comfort.

I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

If I am pregnant:

(Place a check to indicate option (1) or (2) or specify alternative instructions after (3))

.... (1) I intend to accept life support systems if my doctor believes that doing so would allow my fetus to reach a live birth.

.... (2) I intend this document to apply without modifications.

(3) I intend this document to apply as follows: ....

I appoint .... to be my health care representative. If my attending physician or advanced practice registered nurse determines that I am unable to understand and appreciate the nature and consequences of health care decisions and unable to reach and communicate an informed decision regarding treatment, my health care representative is authorized to make any and all health care decisions for me, including (1) the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law such as for psychosurgery or shock therapy, as defined in section 17a-540, and (2) the decision to provide, withhold or withdraw life support systems. I direct my health care representative to make decisions on my behalf in accordance with my wishes, as stated in this document or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If .... is unwilling or unable to serve as my health care representative, I appoint .... to be my alternative health care

representative.

If a conservator of my person should need to be appointed, I designate .... be appointed my conservator. If .... is unwilling or unable to serve as my conservator, **[**I designate ....**]** I designate .... to be successor conservator. No bond shall be required of either of them in any jurisdiction.

I hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

I give: (check one)

.... (1) any needed organs or parts
.... (2) only the following organs or parts ….

to be donated for: (check one)

(1) .... any of the purposes stated in subsection (a) of section 19a-289j
(2) .... these limited purposes ....

These requests, appointments, and designations are made after careful reflection, while I am of sound mind. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such party has received actual notice of my revocation of it.

Date ...., 20..

.... L.S.

This document was signed in our presence by .... the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in

the presence of each other.

....	....
(Witness)	(Witness)
....	....
(Number and Street)	(Number and Street)
....	....
(City, State and Zip Code)	(City, State and Zip Code)

STATE OF CONNECTICUT }
} ss. ....
COUNTY OF .... }

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointments of a health care representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request, and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author's request this .... day of .... 20....

....	....
(Witness)	(Witness)

Subscribed and sworn to before me this .... day of .... 20..

....

Commissioner of the Superior Court
Notary Public
My commission expires: ....

(Print or type name of all persons signing under all signatures)

Sec. 9. Subdivision (2) of subsection (f) of section 19a-639a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(2) The unit may hold a public hearing with respect to any certificate of need application submitted under this chapter. The unit shall provide not less than two weeks' advance notice to the applicant, in writing, and to the public by publication in a newspaper having a substantial circulation in the area served by the health care facility or provider. In conducting its activities under this chapter, the unit may hold **[**hearing on**]** hearings with respect to applications of a similar nature at the same time.

Sec. 10. Subdivision (4) of subsection (b) of section 19a-754a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(4) (A) Coordinating the state's health information technology initiatives, (B) seeking funding for and overseeing the planning, implementation and development of policies and procedures for the administration of the all-payer claims database program established under section 19a-775a, (C) establishing and maintaining a consumer health information Internet web site under section 19a-755b, and (D) designating an unclassified individual from the office to perform the duties of a health information technology officer as set forth in sections 17b-59f and 17b-59g;

Sec. 11. Subdivisions (1) and (2) of subsection (j) of section 21a-252

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

(j) (1) A prescribing practitioner, as defined in section 20-14c, shall not, except in an emergency, prescribe, dispense or administer controlled substances in schedules II to IV, inclusive, to **[**a member of**]** his or her immediate family <u>member</u>. For purposes of this section, "immediate family member" means a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-sibling or other relative residing in the same residence as the prescribing practitioner and shall not include an animal in the residence. In an emergency, a prescribing practitioner may prescribe, dispense or administer not more than a seventy-two-hour supply of such controlled substances to an immediate family member only when there is no other qualified prescribing practitioner available.

(2) A prescribing practitioner who prescribes, dispenses or administers any controlled substance to **[**a member of**]** his or her immediate family <u>member</u> pursuant to subdivision (1) of this subsection shall perform an assessment for the care and treatment of the patient, medically evaluate the patient's need for such controlled substance and document such assessment and need in the normal course of his or her business. The prescribing practitioner shall document the emergency that gave rise to the prescription, dispensing or administering of such controlled substance to the immediate family member.

Sec. 12. Section 1 of special act 18-2 is amended to read as follows (*Effective from passage*):

(a) There is established a task force to study (1) the short-term and long-term needs of adults with intellectual disability, including, but not limited to, such adults with significant behavioral health issues or

significant issues related to aging, including Alzheimer's disease, dementia and related disorders, and (2) ways in which the services and support such adults need may be provided.

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

(1) Two appointed by the speaker of the House of Representatives, one of whom has expertise in the diagnosis, care and treatment of persons with intellectual disability and one of whom has expertise in the provision of residential services to persons with intellectual disability;

(2) Two appointed by the president pro tempore of the Senate, one of whom has expertise in the provision of day services for persons with intellectual disability and one of whom has expertise in the provision of program support services to persons with intellectual disability;

(3) One appointed by the majority leader of the House of Representatives, who is the parent, guardian or relative of a person with intellectual disability who has high-level needs;

(4) One appointed by the majority leader of the Senate, who is the parent, guardian or relative of a person with intellectual disability;

(5) One appointed by the minority leader of the House of Representatives, who is the parent, guardian or relative of a person with intellectual disability;

(6) One appointed by the minority leader of the Senate, who is the parent, guardian or relative of a person with intellectual disability who has high-level needs;

(7) The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters

relating to public health, or their designees;

(8) The Commissioner of Developmental Services, or the commissioner's designee; and

(9) The Secretary of the Office of Policy and Management, or the secretary's designee.

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

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

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

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

(g) Not later than January 1, **[**2019**]** 2020, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, **[**2019**]** 2020, whichever is later.

Sec. 13. Subsections (c) and (d) of section 20-112a of the general statutes are repealed and the following is substituted in lieu thereof

(*Effective July 1, 2019*):

(c) (1) A licensed dentist may delegate to dental assistants such dental procedures as the dentist may deem advisable, including: (A) The taking of dental x-rays if the dental assistant can demonstrate successful completion of the dental radiation health and safety examination administered by the Dental Assisting National Board; (B) the taking of impressions of teeth for study models; and (C) the provision of fluoride varnish treatments. Such procedures shall be performed under the direct supervision of a licensed dentist and the dentist providing direct supervision shall assume responsibility for such procedures.

(2) A licensed dentist may delegate to an expanded function dental assistant such dental procedures as the dentist may deem advisable, including: (A) The placing, finishing and adjustment of temporary restorations and long-term individual fillings, capping materials and cement bases; (B) oral health education for patients; (C) dental sealants; **[**and**]** (D) coronal polishing, provided the procedure is not represented or billed as prophylaxis; (E) administration of topical anesthetic under the direct supervision of the dentist prior to the administration of local anesthetic by a dentist or dental hygienist; and (F) taking alginate impressions of teeth, under the direct supervision of the dentist, for use in study models, orthodontic appliances, whitening trays, mouth guards or fabrication of temporary crowns. Such procedures shall be performed under **[**the**]** either direct or indirect supervision, except as specifically provided in this subdivision, and the dentist providing such supervision shall assume responsibility for such procedures.

(3) **[**On or after July 1, 2018, (A) no**]** (A) No licensed dentist may delegate dental procedures to a dental assistant or expanded function dental assistant unless the dental assistant or expanded function dental assistant provides records demonstrating successful completion of the Dental Assisting National Board's infection control examination or an

infection control competency assessment administered by a dental education program in the state that is accredited by the American Dental Association's Commission on Dental Accreditation, except as provided in subdivision (2) of this subsection, (B) a dental assistant may receive not more than [nine] fifteen months of on-the-job training by a licensed dentist for purposes of preparing the dental assistant for the [Dental Assisting National Board's] infection control examination or infection control competency assessment, and (C) any licensed dentist who delegates dental procedures to a dental assistant shall retain and make such records available for inspection upon request of the Department of Public Health.

(4) On and after January 1, 2018, upon successful completion of the Dental Assisting National Board's infection control examination or an infection control competency assessment administered by a dental education program in the state that is accredited by the American Dental Association's Commission on Dental Accreditation, each dental assistant or expanded function dental assistant shall complete not less than one hour of training or education in infection control in a dental setting every two years, including, but not limited to, courses, including online courses, offered or approved by a dental school or another institution of higher education that is accredited or recognized by the Commission on Dental Accreditation, a regional accrediting organization, the American Dental Association or a state, district or local dental association or society affiliated with the American Dental Association or the American Dental Assistants Association.

(d) [Under] Except as provided in subsection (c) of this section, under no circumstances may a dental assistant or expanded function dental assistant engage in: (1) Diagnosis for dental procedures or dental treatment; (2) the cutting or removal of any hard or soft tissue or suturing; (3) the prescribing of drugs or medications that require the written or oral order of a licensed dentist or physician; (4) the

administration of local, parenteral, inhalation or general anesthetic agents in connection with any dental operative procedure; (5) the taking of any final impression of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating any appliance or prosthesis; or (6) the practice of dental hygiene as defined in section 20-126*l*.

Sec. 14. (NEW) (*Effective January 1, 2020*) (a) As used in this section:

(1) "Practice of dental therapy" means the performance of educational, preventive and therapeutic services through any one or more of the following practices and procedures: (A) Identification of oral and systemic conditions requiring evaluation or treatment by dentists, physicians or other health care providers, and management of referrals to dentists, physicians and other health care providers; (B) diagnosis and treatment of oral diseases and conditions that are within the dental therapist scope of practice; (C) comprehensive charting of the oral cavity; (D) oral health instruction and disease prevention education, including nutritional counseling and dietary analysis; (E) dispensing and administering of nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a licensed health care provider, except schedule II, III or IV controlled substances; (F) applying topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents and pit and fissure sealants; (G) pulp vitality testing; (H) applying desensitizing medication or resin in the oral cavity; (I) interim therapeutic restorations; (J) fabricating athletic mouth guards; (K) changing periodontal dressings; (L) administering local anesthetics in the oral cavity under the general supervision of a dentist; (M) simple extraction of erupted primary teeth; (N) nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of three or greater, except a tooth that is unerupted, impacted, fractured or needs to be sectioned for removal; (O) emergency palliative treatment of dental pain; (P) preparation and

placement of direct restoration in primary and permanent teeth that does not require the fabrication of crowns, bridges, veneers or dentures; (Q) fabrication and placement of single-tooth temporary crowns; (R) preparation and placement of preformed crowns on primary teeth; (S) indirect and direct pulp capping on permanent teeth; (T) indirect pulp capping on primary teeth; (U) dental suture removal; (V) minor adjustments and repairs on removable prostheses; (W) placement and removal of space maintainers; and (X) recementing permanent crowns;

(2) "Collaborative agreement" means a written agreement between a dental therapist and a dentist licensed pursuant to chapter 379 of the general statutes, that defines the working relationship between the dental therapist and the dentist and the parameters of the practice of dental therapy;

(3) "Dental therapist" means a licensed dental hygienist authorized to engage in the practice of dental therapy under a collaborative agreement; and

(4) "Public health facility" has the same meaning as provided in section 20-126*l* of the general statutes.

(b) No person shall engage in the practice of dental therapy unless such person (1) is a dental hygienist licensed pursuant to chapter 379a of the general statutes; (2) has obtained a dental therapist certification that is (A) in writing, on a form issued by an institution of higher education accredited by the Commission on Dental Accreditation after successful completion of a dental therapy program that includes, in accordance with the Commission on Dental Accreditation's standards for dental therapy education programs, full-time instruction or its equivalent at the postsecondary college level and incorporates all dental therapy practice competencies, (B) signed by the dental therapist and the director of the dental therapy education program,

and (C) made available to the Department of Public Health upon request; (3) has successfully completed a comprehensive examination prescribed by the Commission on Dental Competency Assessments, or its equivalent, and administered independently of any institution of higher education that offers a program in dental therapy; (4) prior to entering the first collaborative agreement, (A) has received a certificate of completion, signed by a dentist licensed pursuant to chapter 379 of the general statutes, that verifies completion of one thousand hours of clinical training under the direct supervision of such dentist, and (B) has successfully completed six hours of continuing education related to dental therapy; and (5) has entered into a collaborative agreement with a dentist.

(c) A dental therapist shall practice in a public health facility under the general supervision of a dentist licensed pursuant to chapter 379 of the general statutes in accordance with a collaborative agreement.

(d) No provision of this section shall be construed to prohibit a dental hygienist enrolled in a dental therapy program, as described in subdivision (2) of subsection (b) of this section, from performing dental therapy work as a required component of his or her course of study in such program, provided such dental hygienist (1) performs such work under the direct supervision of a dentist licensed pursuant to chapter 379 of the general statutes, (2) shall not hold himself or herself out as a certified dental therapist, and (3) shall not receive compensation for such work.

(e) (1) A collaborative agreement entered into pursuant to subsection (b) of this section shall include: (A) Identification of public health facilities where services may be provided and the populations to be served; (B) any limitations on the services that may be provided by the dental therapist; (C) age and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency; (D) a procedure for creating and maintaining

dental records for the patients that are treated by the dental therapist; (E) a plan to manage medical emergencies in each public health facility where the dental therapist provides care; (F) a quality assurance plan for monitoring care provided by the dental therapist, including patient care review, referral follow-up and a quality assurance chart review; (G) protocols for dispensing and administering medications, including the specific conditions and circumstances under which these medications may be dispensed and administered; (H) criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to the initiation of care; (I) criteria for the supervision of dental assistants, expanded function dental assistants, as defined in section 20-112a of the general statutes, as amended by this act, and dental hygienists in accordance with subsection (g) of this section; and (J) a plan for the provision of referrals in situations that are beyond the capabilities or the scope of practice of the dental therapist.

(2) A collaborative agreement shall be (A) signed and maintained by the supervising dentist and the dental therapist and kept on file at the locations where such dental therapist is employed; (B) reviewed by the dentist and dental therapist on an annual basis and revised as needed; and (C) available for inspection upon the request of the Department of Public Health.

(f) A dentist who enters into a collaborative agreement with a dental therapist (1) shall be professionally responsible and legally liable for all services authorized and performed by the dental therapist pursuant to a collaborative agreement, and (2) may not enter into a collaborative agreement with more than two dental therapists at any one time. Nothing in this section shall be construed to require a dentist to enter into a collaborative agreement with a dental therapist.

(g) A dental therapist may directly supervise not more than two dental assistants or expanded function dental assistants, as defined in

section 20-112a of the general statutes, as amended by this act, or dental hygienists licensed pursuant to chapter 379a of the general statutes to the extent permitted in the collaborative agreement.

(h) (1) Each dental therapist shall complete, in addition to the continuing education requirements of subsection (g) of section 20-126*l* of the general statutes, six hours of continuing education in dental therapy within the twelve-month period after such dental therapist enters into a collaborative agreement with a dentist and within each subsequent twenty-four-month period thereafter.

(2) Each dental therapist applying for a renewal of a dental hygiene license pursuant to chapter 379a of the general statutes and in accordance with section 19a-88 of the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements described in subdivision (1) of this subsection on a form prescribed by the Department of Public Health. Each dental therapist shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements described in subdivision (1) of this subsection for not less than three years following the date on which the continuing education was completed or the license was renewed. Each dental therapist shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A dental therapist who fails to comply with the provisions of this section may be subject to disciplinary action pursuant to section 20-126o of the general statutes.