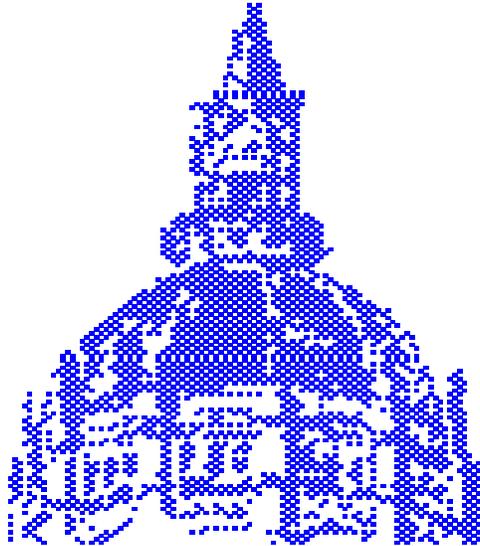


Office of Legislative Research
Connecticut General Assembly



HEALTH PROFESSIONS



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NOTICE TO READERS

This report provides summaries of new laws (Public Acts) affecting health professions enacted during the 2012 regular session and June 12 Special Session. Each summary indicates the public act (PA) number and effective date. The report does not cover special acts.

Please note that not all provisions of the acts are included. Complete summaries of the acts are or will soon be available on OLR's webpage: <http://www.cga.ct.gov.oler/OLRPASums.asp>.

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State library, the House Clerk's Office, or the General Assembly's website: <http://www.cga.ct.gov>.

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ACUPUNCTURISTS

PA 12-39 increases required didactic and clinical training for acupuncturist licensure applicants from 1,350 hours to 1,905 hours. It also increases the required clinical portion of the training from 500 hours to 660 hours. These increased requirements apply to applicants who complete their course of study on or after October 1, 2012.

Under the act, for registration periods beginning on and after October 1, 2014, acupuncturists seeking license renewal, after the first renewal, must (1) have National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) certification or (2) earn at least 30 contact hours of NCCAOM-approved continuing education within the preceding 24 months.

The act also requires anyone whose acupuncturist license became void due to failure to renew it within 90 days after its expiration, and who applies to the Department of Public Health (DPH) for license reinstatement, to submit evidence documenting (1) valid NCCAOM acupuncture certification or (2) successful completion of 15 contact hours of continuing education within the year before applying for reinstatement.

These provisions take effect October 1, 2012. (Section 43 of

PA 12-197 also makes identical changes.)

ADVERSE DETERMINATION REVIEWS

PA 12-102 expands the information health insurance carriers must provide to covered persons or their authorized representatives, upon request, when they make an adverse determination (e.g., deny coverage), both in the initial determination and reviews of this determination. It requires carriers to provide copies of the information within one calendar or five business days of the request, depending on the circumstances of the case. It requires the insurance commissioner to adopt implementing regulations.

Health carriers must also certify their compliance with this provision, as they must already for other grievance procedures, in the annual reports they file with the insurance commissioner. Health carriers must comply with the act's provisions and implementing regulations and ensure that utilization review entities with whom they contract also do so.

The act applies to any:

1. carrier offering a health benefit plan that provides or performs utilization review, including prospective, concurrent, or

- retrospective review benefit determinations and
2. utilization review company or designee of a carrier that performs utilization review on the carrier's behalf, including prospective, concurrent, or retrospective review benefit determinations.

The act does not apply to self-insured plans covered by the federal Employee Retirement Income Security Act (ERISA) or plans that provide health care services solely for workers' compensation benefits.

The act takes effect October 1, 2012.

ALCOHOL AND DRUG COUNSELORS

PA 12-197 (§ 19) changes certain requirements for licensure as an alcohol and drug counselor. Prior law required someone seeking licensure to have a master's degree from an accredited higher education institution in a field that required at least 18 graduate semester hours in counseling or related subjects. The act allows someone who has a master's degree in another field to become licensed, if he or she also has 18 graduate semester hours related to counseling.

The act allows someone to become a licensed counselor even if he or she has not met one of the four requirements for certification—specifically, the requirement to complete 360

hours of commissioner-approved education, including at least 240 hours relating to the knowledge and skill base associated with the practice of alcohol and drug counseling.

These provisions take effect upon passage.

ALL-PAYER CLAIMS DATABASE

Subject to the Office of Health Reform and Innovation's (OHRI) ability to secure federal funding and funds from private sources, **PA 12-166** creates an all-payer claims database program for receiving and storing data relating to medical and dental insurance claims, pharmacy claims, and other insurance claims information from enrollment and eligibility files. The act requires insurers and various other reporting entities that administer health care claims and payments to provide information for the database.

The act allows the Office of Policy and Management (OPM) secretary, in consultation with OHRI, to adopt regulations to implement and administer the database program. The act establishes civil penalties of up to \$1,000 per day for entities that fail to report as required by the regulations.

The act makes information in the database broadly available for reviewing health care use, cost, quality, and services data. Data disclosure must protect the confidentiality of individual health information.

The act requires OHRI to oversee the planning, implementation, and administration of the program. It also allows the special advisor to the governor on health care reform (who directs OHRI's activities) to contract with an outside entity to plan, implement, or administer the program, but she can only do so in consultation with an existing working group that is required by law to develop a plan for a state-wide multipayer data initiative. The act renames the working group the All-Payer Claims Database Advisory Group, expands its membership, and requires it to report on the database program.

The act requires the special advisor to seek non-state funding to cover the costs of the database program and prohibits her from incurring costs for the program if she does not secure such funding.

This act takes effect upon passage.

AMBULANCE SERVICES

PA 12-142 generally provides that anyone who receives emergency medical treatment or transportation services from a licensed or certified ambulance service is liable for the reasonable and necessary cost of those services, even if the person did not agree or consent to the liability.

Under the act, this provision is subject to certain conditions in

existing law, including the DPH commissioner's rate setting for ambulance services and requirements that insurers cover medically necessary ambulance services. Also, the provision does not apply to anyone receiving ambulance services for injuries arising out of and in the course of his or her employment, as defined in the worker's compensation law.

These provisions take effect October 1, 2012.

ASSISTED LIVING SERVICES PILOT

PA 12-1 (§§ 9 & 10) (June 12 Special Session) increases, from 75 to 125, the number of people who can participate in two private assisted living pilot programs (one Medicaid- and one state-funded, administered by the Department of Social Services (DSS)). The programs help pay for assisted living services, but not room and board, for people living in private assisted living facilities who have exhausted their own resources.

The program expansion takes effect July 1, 2012.

AUDIOLOGISTS AND HEARING INSTRUMENT SPECIALISTS

PA 12-110 allows a licensed audiologist to fit or sell hearing aids without (1) obtaining additional licensure as a hearing instrument specialist (previously called "hearing aid dealer") or (2) completing additional

educational and training requirements. Existing law already includes the fitting or selling of hearing aids within an audiologist's scope of practice. Audiologists receive training in this function as part of their doctoral degree education and supervised postgraduate work experience.

For registration periods starting October 1, 2014, the act requires a hearing instrument specialist to complete at least 16 hours of continuing education before DPH renews his or her biennial license. The act exempts from the continuing education requirements (1) first-time licensure renewal applicants and (2) certain licensees with a medical disability or illness.

The act also requires a hearing instrument specialist seeking licensure reinstatement after his or her license was voided to submit to DPH evidence documenting successful completion of eight hours of continuing education within the preceding year.

This act takes effect October 1, 2012.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) AT HIGHER EDUCATION INSTITUTIONS

PA 12-197 (§ 16) requires at least one AED at each higher education institution's athletic department. The AED must be provided and maintained in a central location not more than $\frac{1}{4}$

mile from the premises used by the athletic department for intercollegiate sport practice, training, or competition. The athletic departments must make the AED's location known and accessible to its employees and student-athletes during all hours of practice, training, and competition.

Among other things, the act also requires athletic departments to:

1. ensure that at least one licensed athletic trainer or other person who is trained in CPR and AED use, in accordance with the standards of the American Red Cross or American Heart Association, is on the athletic department premises during all hours of intercollegiate sport practice, training, and competition;
2. promptly notify a local emergency medical services provider after each use of such an AED; and
3. by January 1, 2013, develop and implement a policy consistent with these provisions concerning the availability and use of an AED during intercollegiate sport practice, training, and competition.

These provisions take effect October 1, 2012.

BUREAU OF REHABILITATIVE SERVICES AND DRIVER TESTING

PA 11-44 moved, from the Department of Motor Vehicles (DMV) to the Bureau of Rehabilitative Services (BRS), a unit that evaluates, trains, and tests people with disabilities on motor vehicle operation. **PA 12-81 (§§ 33 & 34)** eliminates BRS' ability to test such a person. It instead requires BRS to (1) certify to DMV in writing when a person with disabilities successfully completes the driver training program and (2) recommend any restrictions or limitations on the person's driver's license. Under the act, the DMV commissioner may accept this certification instead of requiring a driving test. Provided the individual has met all other requirements for obtaining a license, the commissioner must issue him or her a license with the recommended restrictions.

The act (1) expands confidentiality requirements for reports or records related to an individual's health for purposes of receiving a driver's license and (2) imposes the same confidentiality requirements on reports or records issued or received by the BRS driving training program staff when making these decisions.

These provisions take effect upon passage. **(PA 12-1 (§§ 28-95) (June 12 Special Session))** renames BRS as the Department of Rehabilitation Services and

makes it a stand-alone entity rather than a bureau within DSS for administrative purposes.)

CHILDHOOD IMMUNIZATIONS

Choice of Vaccines and Mandatory Provider Participation

PA 11-242 created a pilot program expanding vaccine choice for certain health care providers who administer vaccines under the federal Vaccines For Children (VFC) program (operated by DPH under federal authority). If the DPH commissioner's evaluation of the pilot program does not show a significant reduction in child immunization rates or an increased risk to health and safety, then the program must expand to include all VFC providers.

PA 12-1 (§ 212) (June 12 Special Session) changes, from July 1, 2012 to October 1, 2012, the date by which this program expansion must occur. It also extends this choice over vaccine selection to providers who administer vaccines under the state childhood immunization program.

For such providers, the act covers the same vaccines as under the pilot program, but with two additional conditions: (1) the vaccines' availability is subject to their inclusion in the state program due to available appropriations and (2) the commissioner must determine

that the vaccine is equivalent to the cost for vaccine series completion of comparable available vaccines.

Starting January 1, 2013, the act generally requires all health care providers who administer vaccines to children to obtain vaccines from DPH under the same conditions regarding choice over vaccine selection. The act provides for exceptions in some circumstances.

Among other things, the act requires DPH to report to the legislature by January 1, 2014 on the effectiveness of implementing expanded vaccine choice and universal health care provider participation.

These provisions take effect October 1, 2012.

Insurance Assessment

By law, the state childhood immunization program is funded by a “health and welfare” assessment on certain insurers. **PA 12-1 (§§ 213-214) (June 12 Special Session)** excludes life insurers from the assessment and limits it to specified types of domestic health insurers (e.g., those covering basic hospital expenses) rather than all types. The act also extends the assessment to (1) licensed third-party administrators (TPAs) that provide administrative services for self-insured health benefit plans and (2) domestic insurers exempt from TPA licensure who administer self-insured health benefit plans (hereafter called

“exempt insurer”). TPAs and exempt insurers must pay the assessment on behalf of the plans they administer.

The act requires each health insurer, HMO, TPA, and exempt insurer to annually report by September 1st to the insurance commissioner on the number of insured or enrolled lives they serve in Connecticut (with certain exclusions) as of the immediately preceding May 1st for which they provide the specified types of coverage.

Among other things, the act (1) provides for civil penalties of up to \$15,000 for each report with discrepancies that were not made in good faith and (2) changes how the insurance commissioner must annually determine each insurer’s assessment for the following year.

These provisions are effective July 1, 2012.

CHIROPRACTOR SERVICES UNDER MEDICAID

PA 12-1 (§ 17) (June 12 Special Session) allows DSS to cover chiropractor services for Medicaid recipients provided it does not spend more than \$250,000 annually for this coverage. These services can be coordinated with other initiatives under the Medicaid program.

These provisions take effect October 1, 2012.

COLLECTIVE BARGAINING

Family Care Providers and Personal Care Attendants

PA 12-33 allows certain family child care providers and personal care attendants (PCAs) to collectively bargain with the state through an employee organization (i.e., a union) over reimbursement rates, benefits, payment procedures, contract grievance arbitration, training, professional development, and other requirements and opportunities. It explicitly states that the child care providers and PCAs are not state employees; thus they are not covered by the rights, obligations, privileges, and immunities statutorily provided to state employees.

It establishes a collective bargaining and arbitration process for the child care providers and PCAs and grants them many of the same collective bargaining rights and obligations given to state employees. It also specifically prohibits certain subjects from being collectively bargained and sets conditions under which the General Assembly must affirmatively approve any contract or arbitration award.

The act creates a PCA Workforce Council to study and plan for improving PCA quality, stability, and availability. It also (1) requires DSS and the council to compile and maintain lists of covered child care providers and PCAs, respectively and (2)

provides liability protection for the state under certain circumstances.

This act takes effect July 1, 2012.

COLORECTAL CANCER SCREENING

PA 12-190 bars insurers from charging a deductible for procedures a physician initially undertakes as a colorectal cancer screening colonoscopy or sigmoidoscopy.

The affected individual and group health insurance policies are those issued, amended, renewed, or continued that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including coverage under an HMO plan. Due to ERISA, state health insurance mandates do not apply to self-insured benefit plans.

This act takes effect January 1, 2013.

COMMUNITY HEALTH CENTERS

PA 12-85 permits the DSS commissioner, beginning with the 2013 rate year (October 1 through September 30) and annually thereafter, to add to a community health center's Medicaid rate a capital cost rate adjustment associated with major capital projects (those costing more than \$2 million). The adjustment is equivalent to

the center's actual or projected year-to-year increase in total allowable depreciation and interest expenses associated with the projects divided by the projected number of service visits. The commissioner can revise these adjustments retroactively based on actual allowable depreciation and interest expenses or actual service visit volume for the rate period.

The act requires the commissioner to establish separate adjustments for each Medicaid service a center provides.

It prohibits DSS from granting an adjustment for any depreciation or interest expense that the U.S. Department of Health and Human Services or another federal or state government agency with health services-related capital expenditure approval authority disapproves.

The act authorizes the commissioner to allow actual debt service instead of depreciation and interest if the debt service amounts are deemed reasonable considering the interest rate and other loan terms.

The act takes effect October 1, 2012.

CRITICAL CONGENITAL HEART DISEASE—TESTING OF NEWBORNS

Starting January 1, 2013, **PA 12-13** requires all health care

institutions caring for newborn infants to test them for critical congenital heart disease, unless, as allowed by law, their parents object on religious grounds. It requires the testing to be done as soon as medically appropriate.

This act takes effect October 1, 2012.

DELAYED BIRTH CERTIFICATES

PA 12-163 changes the process for requesting a delayed birth certificate, which is a birth certificate that is registered a year or more after a birth. Among other things, the act requires requests for delayed birth certificates to be filed with DPH, rather than the town registrar of vital statistics. In addition to the affidavit required by existing law, the act requires the requesting person to submit documentary evidence in support of the facts of the birth.

The act also makes changes affecting probate court proceedings brought when someone's request for a delayed birth certificate has been denied. For example, it specifically allows the court to order DNA testing in such matters, specifies who must pay for such testing, and creates a rebuttable presumption of parentage if the test shows a 99% or greater probability of parentage.

The act requires DPH, rather than the town registrar, to prepare delayed birth certificates after such requests, including

those prepared after a court order.

This act takes effect October 1, 2012.

DENTISTS AND DENTAL SERVICES

Continuing Education

Prior law required the DPH commissioner, in consultation with the Dental Commission, to biennially issue a list of up to five mandatory topics for continuing education activities licensed dentists must complete during their two-year registration period.

PA 12-197 (§ 18) instead requires (1) the DPH commissioner's list to include 10 topics and (2) licensees' continuing education to include at least one contact hour of training or education in any five of these 10 topics.

By law, with some exceptions, licensed dentists must complete at least 25 hours of qualifying continuing education every two years.

These provisions take effect October 1, 2012.

Dental Services for Adult Medicaid Recipients

The law (1) subjects most nonemergency Medicaid dental services to prior authorization and (2) directs the DSS commissioner to limit nonemergency dental services provided to adult recipients. This latter provision includes allowing

for one periodic dental exam, one dental cleaning, and one set of x-rays yearly for healthy adults. **PA 12-1 (§ 2) (June 12 Special Session)** provides that these dental benefit limitations apply to each client regardless of how many providers serve the client.

This provision takes effect July 1, 2012.

Oral Public Health Director

PA 12-197 (§ 5) eliminates the requirement that the Office of Oral Public Health director have a graduate degree in public health, instead requiring experience in public health. By law, the director must also be a dentist or dental hygienist licensed in Connecticut.

This provision takes effect October 1, 2012.

DMHAS' BEHAVIORAL HEALTH MANAGED CARE PROGRAM

PA 12-1 (§ 22) (June 12 Special Session) maintains the Department of Mental Health and Addiction Services (DMHAS) commissioner's authority to operate and audit the behavioral health managed care program for recipients of the now-defunct State-Administered General Assistance program for claims and services provided through June 30, 2012. It likewise keeps the program's regulations effective as they are necessary for DMHAS to conduct program audits.

The act requires the commissioner to analyze the audit results and identify discrepancies and errors regarding services and payments and areas that involve program implementation and operation problems. It continues the commissioner's authority to (1) recover reimbursements made to providers based on the audit findings and (2) impose progressive sanctions for noncompliant providers. Providers can appeal withheld reimbursements and sanctions in accordance with the Uniform Administrative Procedures Act.

These provisions are effective upon passage.

DOWN PAYMENT ASSISTANCE

PA 12-75 opens to more students the Live Here, Learn Here program, which helps graduating students save money toward a down payment on their first home in Connecticut. By law, the program is administered by the Department of Economic and Community Development commissioner and is open to students graduating from regional-technical schools and in-state students graduating from state colleges and universities after January 1, 2014.

The act opens the program to any student graduating from a public or private college in Connecticut or a health care training school located here. The latter includes medical or dental

schools, chiropractic colleges, optometry schools or colleges, chiropody or podiatry schools or colleges, occupational therapy schools, hospital-based occupational schools, natureopathy schools or colleges, dental hygiene schools, physical therapy schools, and any other healing arts school or institution.

The act takes effect upon passage.

DRUG OVERDOSE TREATMENT

PA 12-159 allows licensed health care practitioners who can prescribe an opioid antagonist to prescribe, dispense, or administer it to anyone to treat or prevent a drug overdose without being civilly or criminally liable to anyone for such action or for the opioid antagonist's subsequent use. Prior law allowed practitioners to do this only for a drug user in need of intervention without civil or criminal liability to that individual, and did not address liability for subsequent use. The act would enable these practitioners to prescribe opioid antagonists to family members or other individuals to assist a person experiencing a drug overdose.

This act takes effect October 1, 2012.

DSS REIMBURSEMENTS

PA 12-1 (§§ 5-7 & 15) (June 12 Special Session) requires DSS to reduce the amount it reimburses (1) private facilities

operated by regional education service centers for individuals with developmental disabilities and autism, (2) nursing homes, (3) intermediate care facilities for people with developmental disabilities, and (4) residential care homes (RCH), if these facilities experience a “significant” decrease in their land and building costs. The act also makes other changes affecting reimbursement for these and certain other facilities.

These provisions take effect July 1, 2012.

FUNERAL HOMES

PA 12-36 allows people to pay for funeral service contracts by assigning the death benefit under a life insurance policy. It exempts contracts that are funded in this way from the general requirement that funeral service establishments (“funeral homes”) deposit into escrow the money or securities they receive under funeral service contracts.

The act allows a legal representative of a funeral services contract beneficiary to authorize the transfer of an irrevocable contract from one funeral home to another. Prior law allowed only the beneficiary to authorize a transfer.

The act requires death certificates filed in paper form to be filed with the registrar of vital statistics in the town where the death occurred within five business days, rather than five

calendar days, after death, to obtain a burial permit.

It requires funeral homes to maintain the original, signed cremation authorization form for at least six years, rather than at least 20 years, after it was signed by the person with custody and control of the deceased person’s remains.

Under existing law, DSS must exclude up to \$1,800 in burial funds when determining eligibility for the State Supplement and Temporary Family Assistance programs. Burial funds may be in the form of, among other things, the face value of a life insurance policy if the cash surrender value is excluded. The act specifies that the value must be excluded through the irrevocable transfer of the policy’s ownership to a trust.

The act takes effect upon passage, except the provisions on death certificates and cremation authorizations are effective October 1, 2012.

HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT (HITE-CT)

HITE-CT is a quasi-public agency designated as the state’s lead agency for health information exchange. By law, its chief executive officer must annually, from February 1, 2011 until February 1, 2016, report to the governor and the General Assembly on specified matters.

PA 12-197 (§ 46) requires the

report to also include information on the development of privacy practices and procedures to notify patients about the collection and use of patient health information in the statewide health information exchange.

The act also changes the status of HITE-CT employees and the authority's relationship with them.

These provisions take effect upon passage.

HEALTH INSURANCE EXCHANGE BOARD

PA 12-1 (§§ 217-219) (June 12 Special Session) makes the healthcare advocate a voting member of the Connecticut Health Insurance Exchange Board. She was previously an ex-officio nonvoting board member. The act also makes other changes affecting the board, such as expanding outside employment and affiliations restrictions applicable to exchange board members and staff.

These provisions are effective upon passage, except certain provisions related to advanced funding are effective July 1, 2012.

HOSPICE

Prior law authorized a DPH-licensed or Medicare-certified hospice to operate a specialized residence for the terminally ill that provides hospice home care

and supportive services. **PA 12-140** authorizes only a DPH-licensed hospice to operate a residence and allows the hospice to also operate a "hospice facility" that provides hospice home care or hospice inpatient services. (The act does not distinguish between a facility and a residence.)

The act extends to a hospice facility the existing requirement for a residence that it (1) provide a home-like atmosphere for patients for an appropriate period and (2) cooperate with the DPH commissioner to develop licensure and operational standards.

The act is effective upon passage.

HOSPITAL LICENSURE

PA 12-118 prohibits the DPH commissioner from issuing or renewing a license for certain long-term, acute care hospitals unless they were certified to participate in the Medicare program as long-term care hospitals on January 1, 2012. It appears that only the Hospital for Special Care, Gaylord, and the veterans' hospitals meet this criteria. The moratorium began when the act passed and expires on June 30, 2017.

This act takes effect upon passage.

LAWSUITS

Calculation of Damages and Admissible Evidence

PA 12-142 makes changes to the law regarding how economic damages are determined in personal injury or wrongful death cases. It makes evidence that a specified health care provider accepted payment from a claimant that is less than the total amount billed, or evidence that an insurer paid less than that total amount, admissible for purposes of the collateral source rule (the requirement that courts reduce economic damage awards by the amount the claimant received from health insurance or other collateral sources).

Under the act, in cases in which the law allows such health care providers' signed reports and bills for treatment to be introduced as evidence without the provider testifying, the total amount of the provider's bill is admissible as evidence of the cost of reasonable and necessary medical care, and the calculation of that amount must not be reduced because (1) the provider accepts less than the total bill or (2) an insurer pays less than that amount.

These provisions apply to bills by state-licensed physicians, physician assistants, dentists, chiropractors, natureopaths, physical therapists, podiatrists, psychologists, optometrists, advanced practice registered

nurses, or state-certified emergency medical technicians.

These provisions take effect October 1, 2012, and are applicable to actions pending on or filed on or after that date.

Letters of Protection

PA 12-14 requires licensed doctors and physical therapists (providers) to tell a patient who suffers a personal injury:

1. whether they will treat the patient based on a letter of protection from the patient's personal injury lawyer that promises to either pay their fees from the proceeds of any settlement or judgment or, if there is no recovery or the recovery is insufficient, to have the patient pay and
2. the estimated cost of giving the patient or his or her attorney an opinion letter on the patient's diagnosis, treatment, and prognosis, including a disability rating.

The act requires a provider to give the patient this information in writing during consultation and before treatment.

This act takes effect October 1, 2012.

LIFE SUPPORT AT-HOME CARE PILOT PROGRAM

PA 12-91 requires the DSS commissioner, within available appropriations, to establish and operate a two-year, state-funded

pilot program for up to 10 ventilator-dependent Medicaid recipients who live in Fairfield County and receive medical care at home. Under the pilot, the participants can hire their own licensed registered nurses (RN) and respiratory therapists directly.

The act requires DSS to set a maximum amount it reimburses the nurses and therapists for pilot services. The rate DSS pays for the nurses' care must be at least 80% of the prevailing rate DSS pays home health agencies to provide comparable care.

The act requires nurses and therapists participating in the pilot to (1) submit to criminal history background checks and (2) certify, in writing, that they will not terminate a patient's care unless they provide at least two weeks written notice, except in an emergency. It requires DSS to annually screen pilot participants to determine whether they are able to manage their care.

The act requires the commissioner to (1) survey Medicaid recipients who are receiving continuous skilled care at home and report the survey results to the Human Services Committee by January 1, 2014 and (2) report to the Appropriations and Human Services committees on the pilot by January 1, 2015.

This act takes effect October 1, 2012.

LOCAL HEALTH DEPARTMENTS

Lead Poisoning Prevention

PA 12-202 establishes eligibility criteria for local health departments seeking funding from DPH to help finance lead poisoning prevention and remediation services. By law, DPH must provide such funding within available appropriations. The act conditions a local department's funding eligibility on DPH approving its lead program, which must include case management, education, and environmental health components.

The act requires local health departments to use any funding they receive through the program for the lead poisoning prevention and control services specified in the act and other DPH-approved lead program purposes. It allows local health departments to provide these services directly or to contract for them.

The act also (1) eliminates the DPH commissioner's authority to adopt implementing regulations for this financial assistance program and (2) establishes reporting requirements for local health departments seeking such funding.

The act takes effect October 1, 2012.

Radionuclides in Private Residential Wells

PA 12-197 (§ 7) eliminates local health directors' authority to require private residential well testing for all radionuclides (i.e., radioactive contaminants), instead allowing them to require testing for specific substances: arsenic, gross alpha emitters, radium, radon, or uranium.

By law, local health directors can only require such testing if there are reasonable grounds to suspect that contaminants are present, such as deposits in bedrock or proximity to areas where such substances are present in groundwater.

This provision takes effect October 1, 2012.

LUPUS INTERAGENCY AND PARTNERSHIP ADVISORY PANEL

PA 12-197 (§ 17) extends, from October 1, 2012 to July 1, 2013, the deadline for the Interagency and Partnership Advisory Panel on Lupus to submit to DPH and the Public Health Committee its initial comprehensive lupus education and awareness plan.

This provision takes effect October 1, 2012.

MASSAGE THERAPY

Licensure

By law, to receive a massage therapist license, an applicant

must graduate from a school of massage therapy meeting certain requirements. **PA 12-197 (§ 15)** requires the school to have had, upon the applicant's graduation, a current school code assigned by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

Licensure applicants must also pass the National Certification Examination for Therapeutic Massage and Bodywork, an exam offered by NCBTMB. The act specifies that NCBTMB's national examination for state licensing option (a different exam) does not satisfy the law's examination requirement for licensure.

These provisions take effect October 1, 2012.

Scope of DPH Authority and Penalties

PA 12-64 extends regulation of the massage therapy field to cover employers, not just individual practitioners; expands the practices and services covered by advertising restrictions; and authorizes the DPH commissioner to investigate complaints.

The act makes employers who knowingly and willfully employ unlicensed people (1) to practice massage therapy or (2) who use a massage therapy-related title guilty of a class C misdemeanor, which is the penalty for individual practitioners who violate massage therapy provisions under existing law. A

class C misdemeanor is punishable by up to three months in prison, a fine of up to \$500, or both.

The act takes effect October 1, 2012.

MEDICAID INPATIENT HOSPITAL RATES, DISPROPORTIONATE SHARE PAYMENTS, AND HOSPITAL TAX

PA 12-1 (§§ 3- 4 & 265) (June 12 Special Session) eliminates the inpatient hospital rate-setting formula DSS previously used to calculate Medicaid payment amounts. That formula included a hospital-specific target amount per discharge component that the commissioner could adjust for accuracy or for hospitals serving disproportionate numbers of low-income patients. It appears that DSS intends to replace the formula with a cost-neutral, acuity-based, rate-setting method phased in over time. PA 11-44 directed the commissioner to submit a plan for doing so to the Appropriations and Human Services committees by January 1, 2012. (The department has not done so.)

The act extends from October 1, 2012 to October 1, 2013, the period in which the DSS commissioner must use federal FY 09 data, adjusted for accuracy, to make interim Medicaid disproportionate share (DSH) payments to short-term general hospitals. Federal law

requires states to make such payment adjustments for hospitals that serve a disproportionate share of low-income patients. Beginning on October 1, 2013, the act requires him to use the most recent, independent, certified DSH audit of federal fiscal year data. The law prohibits DSH payments to Connecticut Children's Medical Center and John Dempsey Hospital.

Beginning July 1, 2012 and for the following 15 months, the act leaves unchanged (1) the hospital tax rates, (2) the base year on which the tax is assessed, and (3) those hospitals that are exempt from the outpatient portion of the tax based on financial hardship that were in effect on January 1, 2012.

These provisions take effect upon passage.

MEDICAID LIA WAIVER

PA 12-1 (§ 26) (June 12 Special Session) directs the DSS commissioner to seek a Section 1115 Medicaid waiver to modify eligibility and coverage for Medicaid low-income adult (LIA) applicants and recipients. Specifically, the waiver would (1) establish an asset limit of \$10,000, (2) count the income and assets of the parent of an applicant who is under age 26 if the applicant lives with that parent or is declared as a dependent for income tax

purposes, and (3) limit nursing home coverage to 90 days.

These provisions take effect July 1, 2012.

MEDICAID PCA WAIVER

The Medicaid Personal Care Assistance Waiver Program offers PCA services to certain adults with severe disabilities. PCAs help clients perform activities of daily living, enabling them to remain in their communities and, when possible, work.

PA 12-1 (§ 14) (June 12 Special Session) requires program participants, once turning 65, to be transitioned to the Connecticut Home Care Program for Elders (CHCPE) to receive these services. CHCPE is a Medicaid- and state-funded program that provides home- and community-based services to frail individuals age 65 and older.

This provision takes effect July 1, 2012.

MEDICAL MARIJUANA

PA 12-55 allows a licensed physician to certify an adult patient's use of marijuana after determining that the patient has a debilitating medical condition and could potentially benefit from the palliative use of marijuana, among other requirements. The act lists certain conditions that qualify as debilitating (e.g., cancer, AIDS or HIV, and Parkinson's disease) and also allows the Department of Consumer Protection (DCP)

commissioner to approve additional conditions.

Among other things, patients and their primary caregivers must register with DCP and pay certain fees. Patients and caregivers can possess a combined one-month marijuana supply. The act also creates licensing requirements for pharmacists to dispense the marijuana and for producers to grow it, and requires them to pay certain fees.

Subject to various conditions, the act prohibits patients, their caregivers or doctors, dispensaries, or producers from being prosecuted or penalized for specified actions relating to palliative marijuana use. The act does not allow patients to ingest marijuana at work, at school, in public, in moving vehicles, or in front of children.

The act requires the DCP commissioner to establish a board of physicians who are knowledgeable about palliative marijuana use. Among other things, the board must (1) recommend to DCP additions to the list of debilitating conditions and (2) convene public hearings to evaluate petitions by those seeking to add conditions to the list.

The act specifies that it does not require health insurers to cover the palliative use of marijuana.

Among other things, the act also requires the DCP commissioner to reclassify marijuana as a Schedule II

controlled substance (it is currently in Schedule I, subject to the most stringent regulation).

The act takes effect October 1, 2012, except for the provisions (1) defining various terms, (2) providing for dispensary and producer licensing, (3) creating a Board of Physicians, (4) requiring or allowing certain regulations, and (5) establishing a nonlapsing palliative marijuana administration account, which are effective upon passage.

NURSING

Advanced Practice Registered Nurse (APRN) Certification of Medical Information

PA 12-197 (§§ 22-41) allows an APRN to certify, sign, or otherwise document medical information in specified situations that, under prior law, generally required a physician's signature, certification, or documentation.

Several of the certifications covered by the act involve situations where someone must provide medical information to establish an exemption from otherwise applicable requirements (e.g., certifications that (1) a high school student's participation in physical education is medically contraindicated because of the student's physical condition, thus excusing the student from physical education requirements or (2) someone is ill or incapacitated and thus needs an

extension for applying for certain tax relief programs).

These provisions take effect October 1, 2012.

APRN Licensure

Among other requirements, prior law required someone seeking APRN licensure, if first certified by one of certain specified national certifying bodies after December 31, 1994, to have a master's degree in nursing or a related field recognized for certification as a nurse practitioner, clinical nurse specialist, or nurse anesthetist by one of those certifying bodies.

PA 12-197 (§ 48) generally requires all applicants, not just those first certified after December 31, 1994, to have a graduate degree in nursing or a related field as specified above. It also allows someone to become licensed as an APRN without holding such a graduate degree if he or she (1) at the time of application, is licensed as an APRN by another state that requires a master's in nursing or a related field and (2) on or before December 31, 2004, completed an APRN program recognized by such a national certifying body.

These provisions take effect October 1, 2012.

Board of Examiners for Nursing

PA 12-62 changes the required qualifications for the five

RN members on the 12-person Board of Examiners for Nursing. It requires that one, rather than three, of the RN members be connected with an institution affording opportunities for nurse education. It also eliminates the requirement that one be an instructor at an approved school for licensed practical nurses, instead requiring that one have a doctorate in nursing practice or nursing science.

By law, the board also includes two licensed practical nursing graduates; one APRN; and four public members. The governor appoints the board's members.

This takes effect upon passage.

NURSING HOMES

Advance Payments

By law, DSS can make Medicaid payments (reimbursements) to nursing homes in advance of normal payment processing on request. **PA 12-130** allows DSS to advance nursing homes that are in receivership more than the amount otherwise allowed, which is the amount the nursing home estimates they are owed for the most recent two months of care they provided to their Medicaid-eligible residents. It also allows DSS to waive the requirement that it recover these payments within 90 days of issuing them by reducing any future amounts it reimburses the home.

By law, the DSS commissioner must take prudent measures to assure that the department is not making such payments to a nursing home that is at risk of bankruptcy or insolvency, and may execute agreements appropriate for seeking the repayments.

This act is effective upon passage.

Inmates Released from Custody

PA 12-1 (§ 104) (June 12 Special Session) gives the Department of Correction (DOC) commissioner the discretion to release certain inmates from custody for nursing home placement for palliative and end-of-life care. DOC must supervise any inmate released in this manner.

The placement must be in a licensed community-based nursing home under contract with the state. Before the commissioner can authorize such a placement, the DOC medical director must determine that the inmate is suffering from a terminal condition, disease, or syndrome or is so debilitated or incapacitated by it as to (1) need continuous palliative or end-of-life care or (2) be physically incapable of presenting a danger to society.

The DOC commissioner can require the medical director to periodically review and diagnose the inmate during his or her release. An inmate must be

returned to DOC custody if the medical director determines that the inmate no longer meets the release criteria.

The act does not apply to inmates convicted of a capital felony or murder with special circumstances.

These provisions take effect July 1, 2012.

Moratorium on New Beds

By law, most health care facilities need a certificate of need (CON) from the state if they wish to, among other things, (1) establish such a facility, (2) transfer ownership or control, (3) add beds to it, or (4) purchase equipment. **PA 12-118** extends, from June 30, 2012 until June 30, 2016, DSS' moratorium on CONs for new nursing home beds. The law exempts certain nursing home beds from the moratorium, including those used by AIDS patients.

This act is effective upon passage.

Reimbursement Increase

PA 12-1 (§ 16) (June 12 Special Session) permits the DSS commissioner, within available appropriations, to provide pro rata fair rent increases in FY 13 for facilities that have undergone material changes in circumstances related to fair rent additions placed in service in cost report periods 2008 to 2011 and not otherwise include in their issued rates.

This provision takes effect January 1, 2013.

OFFICE OF HEALTH CARE ACCESS

PA 12-170 makes several changes regarding DPH's Office of Health Care Access (OHCA).

Among other things, it:

1. requires OHCA, when evaluating a CON application, to consider its financial feasibility for the applicant or its impact on the financial strength of the state's healthcare system instead of only the latter;
2. extends from February 28 to March 31 the date by which a hospital must annually file certain information with OCHA regarding uncompensated care to indigents;
3. removes OHCA's authority to require a hospital's independent auditor to review discounted rates and charges it negotiated with a payer; and
4. allows OHCA to release patient-identifiable data to certain government entities for specified purposes.

The act takes effect October 1, 2012.

ORGAN AND TISSUE DONATION ADVISORY COUNCIL

PA 12-197 (§ 44) creates an advisory council on organ and tissue donation education and awareness. The council consists of government officials, health care professionals, representatives from donation and related organizations, and people with experience in organ and tissue donation and transplants, including a donor and a recipient. Among other things, the council must determine ways to increase the number of organ and tissue donations and set goals for increasing the number of registered donors. The council must annually report on its actions and recommendations.

These provisions take effect October 1, 2012.

PERSONAL CARE ASSISTANTS — ADMINISTRATION OF MEDICATION

PA 12-1 (§ 12) (June 12 Special Session) provides that nothing in the Nurse Practice Act can be construed to prohibit a PCA employed by a registered homemaker-companion agency from administering medications to a competent adult who directs his or her own care and makes his or her own decisions pertaining to assessment, planning, and evaluation.

This provision takes effect July 1, 2012.

PHARMACISTS AND PHARMACIES

Administration of Vaccines

PA 12-207 expands the authority of licensed pharmacists to administer vaccines to adults. Under prior law, pharmacists could administer federally approved vaccines to prevent (1) flu, (2) invasive pneumococcal disease (pneumonia), and (3) herpes zoster (shingles). The act instead allows them to administer any federally approved vaccine that is listed on the National Centers for Disease Control and Prevention's (CDC) Adult Immunization Schedule.

As under prior law, pharmacists must administer these vaccines according to a licensed health care provider's order and complete training as required by DCP regulations.

This act takes effect October 1, 2012.

Flavoring Agents

PA 12-12 allows pharmacists to add a flavoring agent to a prescription if (1) they are acting on behalf of a hospital or (2) the prescribing doctor, patient, or patient's agent requests it. Flavoring agents are certain food or drug additives that are used in minimum quantities, have no effect other than modifying

flavor, and are generally recognized as safe.

This act takes effect July 1, 2012.

Pharmaceutical and Therapeutics (P & T) Committee

PA 12-197 (§ 45) adds a child psychiatrist and an oncologist to the Pharmaceutical and Therapeutics (P & T) Committee, increasing its membership to sixteen. The committee, established pursuant to federal law, oversees the development and maintenance of DSS' preferred drug list for Medicaid. By law, the governor appoints the committee members, who serve two-year terms.

The act also reduces the frequency of required committee meetings, from at least quarterly to at least biannually. By law, the committee may also meet at other times at the discretion of the chairperson and committee membership.

These provisions take effect October 1, 2012.

Prior Authorization for Prescription Drugs under Medicaid

PA 12-1 (§ 27) (June 12 Special Session) requires the DSS commissioner, by October 1, 2012, to issue a flyer to pharmacies to distribute to Medicaid recipients who receive a one-time, 14-day supply of their prescription when prior

authorization is needed and the pharmacy has not yet received the authorization. The flyer must notify the recipients that (1) prior authorization is needed for that prescription to be filled, (2) the 14-day supply is a one-time supply, and (3) they must contact the prescriber to arrange for prior authorization for a full prescription to be filled.

In practice, Hewlett Packard, on behalf of DSS, requests prior authorization from a prescriber under certain circumstances (e.g., when the drug is not on DSS' preferred drug list).

These provisions take effect July 1, 2012.

Reimbursement Increase for Independents

Contingent on federal approval, **PA 12-1 (§ 18) (June 12 Special Session)** requires DSS, beginning October 1, 2012, to reimburse independent pharmacies for dispensing brand name drugs to Medicaid recipients at a higher rate than it pays chain pharmacies. Specifically, it requires DSS to pay the independent pharmacies the lower of (1) the rate the Centers for Medicare and Medicaid Services (CMS) establishes as the federal acquisition cost, (2) the average wholesale price minus 14%, or (3) an equivalent percentage as established under the Medicaid state plan. (The dispensing fee remains \$2 for independents and chains.)

The act defines an “independent pharmacy” as a privately owned community pharmacy that has five or fewer stores in the state.

These provisions take effect October 1, 2012.

Telepharmacy

PA 12-28 makes permanent the telepharmacy pilot program; expands it to all licensed hospital pharmacies; and allows dispensing sterile products, not just IV admixture preparations, through telepharmacy. It allows pharmacists at hospital pharmacies to use electronic technology at the hospital, its satellite, or remote locations to allow a clinical pharmacist to supervise pharmacy technicians in dispensing sterile products.

Sterile products are any drug that (1) is compounded, manipulated, or otherwise prepared under sterile conditions during the dispensing process; (2) is not intended for self-administration by a patient; and (3) is intended to be used in a hospital, its satellite, remote, or affiliated office-based location.

The act takes effect July 1, 2012.

PHYSICIAN ASSISTANTS

Delegation Agreements and Supervision Requirements

PA 12-37 revises the supervision requirements for physician assistants (PAs). By

law, each PA must have a clearly identified supervising physician who has final responsibility for patient care and the PA’s performance. Under prior law, the functions a physician delegated to a PA had to be implemented in accordance with written protocols the supervising physician established. The act renames the written protocols the “written delegation agreement” and specifies its required contents.

The act eliminates the requirement that a supervising physician personally review the PA’s practice or services at least weekly or more frequently as necessary, instead requiring the personal review to occur in accordance with the written delegation agreement.

It makes other changes, including requiring the supervising physician to document his or her approval of certain drug prescriptions or administrations according to the written delegation agreement, rather than requiring the physician to note approval in the patient’s medical record within one day after the prescription was issued.

This act takes effect October 1, 2012.

Fluoroscopy

By law, PAs must generally meet certain training and experience requirements and pass a DPH-prescribed examination in order to use

fluoroscopy to guide diagnostic and therapeutic procedures.

Under prior law, a PA engaged in the use of fluoroscopy for such purposes or who used a mini C-arm in conjunction with the fluoroscopy before October 1, 2011 could continue to do so without the required training and experience, as long as he or she passed the DPH exam by July 1, 2012. **PA 12-197 (§ 47)** extends this deadline to September 1, 2012. If the PA does not pass the required examination by this deadline, he or she must meet the training, experience, and testing requirements in order to perform these procedures.

This provision is effective upon passage.

PHYSICIANS

Continuing Education

The law generally requires physicians applying for license renewal to have completed at least 50 contact hours of continuing medical education (CME) during the previous 24 months. **PA 12-62** allows the DPH commissioner to waive up to 10 contact hours of CME for a physician who (1) engages in activities related to his or her service as a member of the Medical Examining Board or a medical hearing panel or (2) helps DPH with its duties to its professional boards and commissions.

This is effective upon passage.

Medical Examining Board and Medical Hearing Panels

On and after October 1, 2012, **PA 12-62** increases, from 15 to 21, the membership of the state Medical Examining Board, and makes other changes to the board's composition. By law, the governor appoints the board's members.

On and after October 1, 2012, the act also increases, from 24 to 36, the number of people who may serve as members of medical hearing panels in conjunction with the Medical Examining Board. It also changes qualifications for physician appointees. By law, the DPH commissioner appoints a pool of people who may serve on medical hearing panels. Three-person panels hear allegations of malpractice against physicians and physician assistants.

This is effective upon passage.

Physiatrists as Pain Management Specialists

By law, certain individual and group health insurance policies must provide access to a pain management specialist and coverage for pain management treatment ordered by such specialist.

For this purpose, prior law defined a "pain management specialist" as a physician credentialed by the American Academy of Pain Management or a board-certified anesthesiologist,

neurologist, oncologist, or radiation oncologist with additional training in pain management. **PA 12-197 (§§ 20-21)** adds board-certified physiatrists with such additional training to this list. (Physiatrists are physicians who specialize in physical medicine and rehabilitation.)

These provisions take effect upon passage.

Physicians at Youth Camps

PA 12-197 (§ 10) allows any physician or surgeon licensed in good standing in another state to practice here as a youth camp physician for up to nine weeks, without a Connecticut license. Prior law required them to be board-certified in pediatrics or family medicine if the other state's licensure standards were not equivalent to ours.

This provision takes effect October 1, 2012.

PRIOR AUTHORIZATION LIMITS FOR HOME HEALTH SERVICES

By law, the DSS commissioner must establish prior authorization procedures under the Medicaid program for home health services. Previously, the law required prior authorization for (1) more than two skilled nursing care visits a week and (2) more than 14 hours of home health aide visits a week. **PA 12-1 (§ 13) (June 12 Special Session)** eliminates the

numerical criteria for prior authorization. It also eliminates a provision that allows providers (presumably home health agencies) to submit just one prior authorization request a month for the same client.

These provisions take effect July 1, 2012.

RAPE CRISIS CENTERS

PA 12-197 (§ 6) eliminates a reference to rape crisis centers needing to meet DPH criteria for service provision in the statute on confidential communications between sexual assault counselors and victims. Prior law included this reference, but there is no specific statutory authorization for DPH to set such criteria.

This provision takes effect October 1, 2012.

SCHOOLS

Administration of Medicine

PA 12-198 allows a qualified school employee selected by the school nurse or principal to administer an emergency glucagon injection to a student with diabetes, under certain conditions. The school nurse or principal must have a written authorization from the student's parents and a written order from the student's Connecticut-licensed physician. The selected employee must be a principal, teacher, licensed athletic trainer, licensed physical or occupational

therapist employed by the school board, coach, or school paraprofessional.

The act extends required educational guidelines for managing students with life-threatening allergies to also cover students with glycogen storage disease. It requires the State Department of Education and DPH to issue the new guidelines by July 1, 2012, and school districts to develop individualized health care and glycogen storage disease action plans for their students with the disease by August 15, 2012. The plans must allow parents or guardians of students with the disease, or those they designate, to administer food or dietary supplements to their children with the disease on school grounds during the school day. The act immunizes towns, school districts, and school employees from damage claims resulting from these actions.

Among other things, the act also:

1. bars a school district from restricting the time or place where a student with diabetes may test his or her blood-glucose levels, if the student has written permission from his parents or guardian and a written order from his or her Connecticut-licensed physician;
2. updates and broadens the duties of a school medical advisor; and

3. allows only a Connecticut-licensed physician, rather than any licensed physician, to give a written order for a school paraprofessional to administer medication to a student with a medically diagnosed allergy.

The act is effective July 1, 2012, except the provisions relating to students with diabetes and plans for students with glycogen storage disease are effective on passage.

Coordinated School Health Pilot Program

For FY 13, **PA 12-1 (§ 231) (June 12 Special Session)** requires the education commissioner to establish a pilot program to provide grants to two educational reform districts the commissioner selects to coordinate school health, education, and wellness and reduce childhood obesity.

The program must enhance student health, promote academic achievement, and reduce childhood obesity by bringing together school staff, students, families, and community members to (1) assess health needs; (2) establish priorities; and (3) plan, implement, and evaluate school health activities. The programs must include several specified services and components (e.g., school nutrition services and physical education).

Among other things, the commissioner must (1) establish program implementation guidelines and (2) report on the program by October 1, 2013 to the governor and the Appropriations and Education committees.

These provisions take effect July 1, 2012.

School-Based Health Center Communications Agreement

PA 12-1 (§ 96) (June 12 Special Session) requires, by July 1, 2013, each school-based health center (SBHC) that receives operational funding from DPH to enter into an agreement with the school's board of education concerning the establishment of minimum standards for the frequency and content of communications between the SBHC and the school's nurses or nurse practitioners. The person or entity operating the SBHC must submit a copy of the agreement to the DPH commissioner.

These provisions are effective upon passage.

Wraparound Services Grant Program

PA 12-1 (§ 232) (June 12 Special Session) requires the education commissioner, within available appropriations, to establish a program to provide grants to educational reform districts for: (1) social-emotional behavioral supports, (2) family

involvement and support, (3) student engagement, (4) physical health and wellness, and (5) social work and case management. It allows an educational reform district's school board to apply for a grant when and how the commissioner prescribes.

These provisions take effect July 1, 2012.

SEXUAL ASSAULT COUNSELORS IN ARMED FORCES

PA 12-90 qualifies certain armed forces members as "sexual assault counselors," thus:

1. allowing them to act as professional counselors without a license,
2. generally making their communications with victims confidential, and
3. making them mandated reporters of abuse or neglect of a child under age 18 or an intellectually disabled person.

The armed forces member must have training and certification as a victim advocate or sexual assault prevention coordinator under the military's sexual assault prevention and response program

These provisions are effective upon passage.

SEXUAL ASSAULT EVIDENCE EXAMS

Existing law prohibits sexual assault victims from being

charged, directly or indirectly, for examinations conducted to gather evidence under the state's regulatory protocol. Costs of pregnancy and sexually transmitted disease testing and prophylactic care are specifically prohibited.

PA 12-1 (§ 141) (June 12 Special Session) extends the no-charge provisions to medical forensic assessment interviews conducted by providers or by examiners working cooperatively with a (1) multidisciplinary team established by the Department of Children and Families or (2) child advocacy center.

The act provides that all such costs for examinations and assessments under the protocol must be charged to the Judicial Branch's Forensic Sex Evidence Exams account, rather than the branch's Office of Victim Services (OVS).

The act also adds a member of the OVS to the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations.

These provisions are effective October 1, 2012.

TUBERCULOSIS PATIENTS

PA 12-197 (§ 4) allows the DPH commissioner to enter into a reciprocal agreement with another state for the interstate transportation and treatment of patients with tuberculosis.

This provision takes effect October 1, 2012.

TUMOR REGISTRY

PA 12-197 (§ 3) requires that reports to the Connecticut Tumor Registry include pathology reports, along with other information required by existing law.

By law, DPH requires hospitals, various health care providers, and clinical laboratories to report the diagnosis or treatment of certain tumors or conditions in the state for inclusion in the registry.

This provision takes effect October 1, 2012.

UNLICENSED PERSONNEL— ADMINISTRATION OF MEDICATION

PA 12-1 (§ 11) (June 12 Special Session) permits an RN to delegate the administration of medications that are not injected into patients to homemaker-home health aides who obtain certification for medication administration. Administration may not be delegated when the prescribing physician specifies that a nurse must administer it.

Among other things, the act (1) requires DPH to adopt implementing regulations, (2) requires the RN to provide ongoing supervision to the aide, and (3) prohibits any person from coercing an RN into compromising patient safety by requiring him or her to delegate medication administration if the nurse's patient assessment documents a need for a nurse to

do the administration and identifies why the need cannot be safely met through assistive technology or medication administration by a certified homemaker-home health aide.

The law already allows residential care homes that admit residents requiring medication administration assistance to employ a sufficient number of certified, unlicensed personnel to perform this function in accordance with DPH regulations.

These provisions take effect July 1, 2012.

VACCINE WASTAGE POLICY

By October 1, 2012, **PA 12-1 (§ 211) (June 12 Special Session)** requires DPH to post its most current policy regarding vaccine wastage on its website. The department must (1) include in this policy a statement of the factors it used to make the policy and (2) update it as necessary so that it reflects the most current policy in effect.

The act requires DPH to make a form available to health care providers to report instances when the provider does not receive a full order of a requested vaccine. DPH must track, record, and investigate all reported instances and post aggregate findings and reasons for these findings on its website. It must do this within available resources by January 1, 2013, and biannually thereafter.

These provisions are effective upon passage.

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