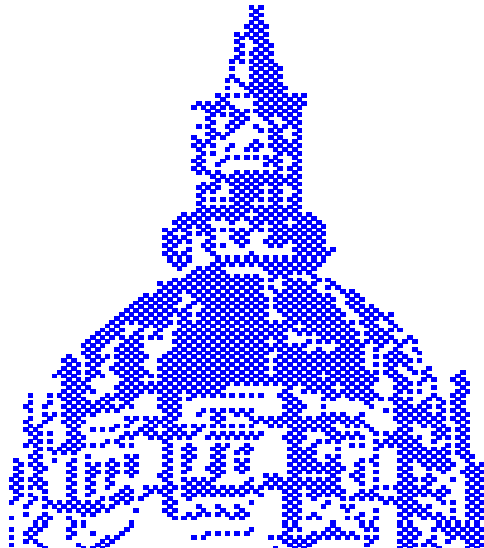


Office of Legislative Research  
Connecticut General Assembly



**HEALTH PROFESSIONS**



2013-R-0259

James Orlando, Associate Analyst

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## NOTICE TO READERS

This report provides summaries of new laws (Public Acts and Special Acts) affecting health professions enacted during the 2013 regular session. Each summary indicates the Public Act (PA) or Special Act (SA) number and effective date. The report does not cover acts that were vetoed. The report also does not cover (1) budgetary or bonding provisions, (2) provisions on government reimbursements or payment rates for health care institutions, or (3) other provisions affecting Medicare or Medicaid. For various changes affecting Medicare or Medicaid, see OLR's Acts Affecting Seniors report ([2013-R-0250](#)).

Please note that not all provisions of the acts are included. Complete summaries of Public 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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## **BARBERS AND HAIRDRESSERS**

### ***Barber and Hairdresser Schools***

**PA 13-208 (§ 64)** requires any program, school, or entity that offers instruction in barbering or hairdressing for remuneration to obtain a certificate of authorization from the Office of Higher Education's executive director.

EFFECTIVE DATE: July 1, 2013

### ***Barbershop Apprenticeship Program***

**SA 13-12** requires the Connecticut State Apprenticeship Council, in consultation with the Department of Public Health (DPH) commissioner, to study the feasibility of establishing a barbershop apprenticeship program within the Labor Department. The council must report on its recommendations to the legislature by January 1, 2014.

EFFECTIVE DATE: Upon passage

## **BIOMEDICAL RESEARCH TRUST FUND**

**PA 13-18** expands the purposes for which DPH may make grants from the Biomedical Research Trust Fund to include biomedical research related to strokes.

EFFECTIVE DATE: July 1, 2013

**PA 13-208 (§ 1)** also limits grant eligibility to entities whose principal place of business is in Connecticut.

EFFECTIVE DATE: October 1, 2013

## **BIRTH-TO-THREE**

### ***Program Referrals***

By law, child health care providers, schools, and specified others must refer parents of a child younger than age three who is suspected of or at risk of having a developmental delay to the Birth-to-Three program, unless the person or entity knows the child has already been referred. Prior law required such a referral within two working days of the person identifying the child in this manner. **PA 13-20** conforms to federal law by instead requiring the referral as soon as possible but not later than seven calendar days after the identification.

EFFECTIVE DATE: October 1, 2013

### **State Interagency Birth-to-Three Coordinating Council**

**PA 13-20** limits appointed members of the State Interagency Birth-to-Three Coordinating Council to two consecutive terms, although they may continue to serve until a successor is appointed. It also increases the council's membership by one.

EFFECTIVE DATE: October 1, 2013

### **BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT REFERRAL PROGRAM**

**PA 13-208 (§ 2)** increases the income limit, from 200% to 250% of the federal poverty level, for DPH's Breast and Cervical Cancer Early Detection and Treatment Referral Program. It removes a requirement that the program's contracted providers report to DPH the names of the insurer of each such woman being tested to facilitate recoupment of clinical service expenses to the department.

EFFECTIVE DATE: January 1, 2014

### **CERTIFICATE OF NEED (CON)**

**PA 13-234 (§ 144)** adds to those factors DPH's Office of Health Care Access (OHCA) must consider when evaluating a CON application, by including certain factors specifically referencing Medicaid recipients or indigent

people (e.g., whether an applicant who failed to provide, or reduced access to, services by Medicaid recipients or indigent people demonstrated good cause for doing so).

EFFECTIVE DATE: October 1, 2013

### **COLON HYDROTHERAPISTS AND NATUROPATHS**

**PA 13-305** allows licensed naturopaths to delegate the provision of colon hydrotherapy services to a colon hydrotherapist, under certain conditions. Among other things, (1) the hydrotherapist must be certified by one of specified organizations, (2) the naturopathic physician must evaluate the patient and determine that colon hydrotherapy services are appropriate, and (3) the hydrotherapist must provide the services under the naturopathic physician's supervision and control.

Violations are punishable by a fine of up to \$500, up to five years in prison, or both. DPH can also take its full range of disciplinary actions against a licensed naturopath who fails to comply with these requirements.

EFFECTIVE DATE: October 1, 2013



## **COMMUNITY HEALTH CENTERS—FINANCIAL ASSISTANCE**

**PA 13-234 (§ 141)** requires the DPH commissioner, within available appropriations, to establish and administer a financial assistance program for community health centers. Among other things, the commissioner (1) must develop a formula to disburse program funds to the centers and (2) cannot implement the formula without the expressed or tacit approval of the Public Health and Appropriations committees.

EFFECTIVE DATE: July 1, 2013

## **CONNECTICUT TUMOR REGISTRY**

**PA 13-208 (§ 23)** requires that reports to the Connecticut Tumor Registry include, along with other information required by existing law, available follow-up information on (1) pathology reports and (2) operative reports and hematology, medical oncology, and radiation therapy consults, or abstracts of these reports or consults.

The act also requires reports to be submitted to DPH within six months after the diagnosis or first treatment of a reportable tumor, instead of by each July 1 as under prior law.

EFFECTIVE DATE: Upon passage

## **CONTINUING EDUCATION**

### ***Dental Hygienists***

**PA 13-208 (§§ 14 & 15)** removes the requirement that DPH adopt regulations on continuing education requirements for dental hygienists and instead establishes the requirements in statute.

The act generally requires each licensee applying for renewal, after the first renewal, to complete at least 16 hours of continuing education within the preceding two years (the same requirement as under existing regulations). Among other things, it specifies which activities qualify.

EFFECTIVE DATE: October 1, 2013

### ***Optometrists***

**PA 13-208 (§§ 12 & 13)** allows, rather than requires, DPH to adopt regulations regarding continuing education requirements for optometrists and establishes these requirements in statute. The act generally requires licensees, starting with the second license renewal, to complete at least 20 hours of continuing education each registration period. Among other things, it specifies which activities qualify and requires certain topics to be covered.

EFFECTIVE DATE: October 1, 2013, and the continuing education requirements apply to registration periods on and after October 1, 2014

### ***Physicians***

**PA 13-217** reduces the frequency with which physicians must take mandatory topics for continuing medical education (CME), requiring one contact hour in each such topic during the first renewal period for which CME is required (the second license renewal), and once every six years after that. It also adds behavioral health to the list of mandatory topics.

The act makes a corresponding change by requiring physicians to retain CME attendance records or certificates of completion for at least six years, rather than three years.

EFFECTIVE DATE: July 1, 2013

### ***Various Professions***

**PA 13-76** requires DPH-licensed social workers, professional counselors, alcohol and drug counselors, and marital and family therapists to complete one contact hour of continuing education coursework in cultural competency during each license registration period.

EFFECTIVE DATE: October 1, 2013 and applicable to license registration periods starting on and after October 1, 2014

## **CONTROLLED SUBSTANCES OR DRUGS**

### ***Counterfeit Controlled Substances***

**PA 13-305** prohibits anyone from knowingly possessing, purchasing, trading, selling, or transferring a counterfeit controlled substance. (Existing law already prohibits several actions related to counterfeit or misbranded drugs.)

EFFECTIVE DATE: January 1, 2014

### ***Electronic Prescription Drug Monitoring Program***

Two acts made changes to the Department of Consumer Protection's electronic prescription drug monitoring program. **PA 13-172** expands the program by requiring prescription information reporting by (1) out-of-state pharmacies that ship, mail, or deliver prescription drugs into the state and (2) any other drug dispensing practitioner. Existing law already requires pharmacies and out-patient pharmacies in hospitals or institutions to report.

Among other things, the act also (1) exempts physicians from having to report dispensing samples of controlled substances and (2) requires practitioners who distribute, administer, or dispense controlled substances to register for access to the program.

**PA 13-208 (§ 72)** exempts from the program's reporting requirements (1) hospitals, when dispensing controlled substances to inpatients and (2) institutional pharmacies or pharmacists' drug rooms operated by DPH-licensed health care institutions, when dispensing or administering opioid antagonists directly to a patient to treat a substance use disorder.

EFFECTIVE DATE: Both acts took effect upon passage

### ***Wholesaler Certificate of Registration or License***

By law, drug wholesalers must obtain a (1) certificate of registration for non-controlled substances or (2) license for controlled substances. **PA 13-196 (§ 36)** requires drug wholesalers to obtain a separate certificate or license and pay an annual \$190 fee for each location (1) inside the state and (2) existing outside of the state that distributes products in the state.

Existing law requires a separate and additional fee for each business place or professional practice where the licensee uses, manufactures, stores, distributes, analyzes, or dispenses controlled drugs. The act (§ 37) expands the circumstances in which this fee applies to include other drugs or medical devices or cosmetics.

EFFECTIVE DATE: Upon passage

## **COUNCILS AND TASK FORCES**

### ***Alzheimer's Disease and Dementia Task Force***

**SA 13-11** (as amended by **PA 13-208**) establishes a 24-member task force to analyze and make recommendations on Alzheimer's disease and dementia, including (1) service provision, (2) legislative policy changes, (3) state and private agency coordination, and (4) placement of individuals with these conditions in health care facilities and community settings. The task force must report its findings and recommendations to the legislature by January 1, 2014.

EFFECTIVE DATE: Upon passage

### ***Autism Spectrum Disorder Advisory Council***

**PA 13-20** creates a 23-member Autism Spectrum Disorder Advisory Council, as a successor to an independent council established in connection with a previous pilot program, to advise the Department of Developmental Services (DDS) commissioner on autism issues.

EFFECTIVE DATE: July 1, 2013; a related provision is effective October 1, 2013

### **Behavioral Health Services Task Force**

[PA 13-3 \(§ 66\)](#) creates a 20-member task force to study the provision of behavioral health services in Connecticut, with particular focus on 16- to 25-year-olds. Among other things, the task force must analyze and make recommendations on (1) improving behavioral health screening, early intervention, and treatment; (2) addressing the insufficient number of certain behavioral health providers; and (3) using involuntary outpatient commitment. The task force must report on its findings and recommendations by February 1, 2014.

EFFECTIVE DATE: Upon passage

### **Childhood Obesity Task Force**

[PA 13-173](#), as amended by [PA 13-247 \(§ 94\)](#), establishes a childhood obesity task force. Among other things, the task force must (1) gather and maintain current information on childhood obesity that can be used to better understand its impact on children's health and (2) advise the governor and General Assembly on how to coordinate and administer state programs to reduce childhood obesity.

EFFECTIVE DATE: Upon passage

### **Children's Mental, Emotional, and Behavioral Health Task Force**

[PA 13-178](#) establishes a task force to study the effects of nutrition, genetics, complementary and alternative treatments, and psychotropic drugs on children's mental, emotional, and behavioral health. The task force must report to the Department of Children and Families (DCF) commissioner and Children's Committee by September 30, 2014.

EFFECTIVE DATE: July 1, 2013

### **EMS Primary Service Area Task Force**

[PA 13-306](#) creates, within available appropriations, a 15-member Connecticut emergency medical services (EMS) primary service area task force within DPH. Among other things, the task force must review the process (1) for designating and changing primary service areas and (2) by which municipalities can petition to change or remove a primary service area responder. The act requires the task force to report its recommendations to the Public Health Committee by February 15, 2014.

EFFECTIVE DATE: Upon passage

### **Funeral Services Task Force**

**PA 13-305** creates a 10-member task force to study the provision of beverages and prepackaged food at arrangement services in funeral homes. The task force must report on its findings and recommendations to the Public Health Committee by January 1, 2014.

EFFECTIVE DATE: Upon passage

### **Palliative Care Advisory Council**

**PA 13-55** establishes, within available appropriations, a 13-member Palliative Care Advisory Council within DPH. The council must (1) analyze the current state of palliative care in Connecticut and (2) advise DPH on matters related to improving palliative care and the quality of life for people with serious or chronic illnesses.

EFFECTIVE DATE: October 1, 2013

### **PANDAS/PANS Advisory Council**

**PA 13-187** establishes an advisory council on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS) and pediatric acute neuropsychiatric syndrome (PANS). The council must advise the DPH commissioner on research, diagnosis, treatment, and education relating to these

conditions. Starting January 1, 2014, it must annually report to the Public Health Committee.

EFFECTIVE DATE: Upon passage

### **School Nurse Advisory Council**

**PA 13-187** requires the state Department of Education (SDE) commissioner to create a school nurse advisory council. The council must advise the SDE and DPH commissioners on matters affecting school nurses, including their professional development, staffing levels, and delivery of health care services. The act requires the council to annually report to the commissioners and the Public Health and Education committees, with the first report due February 1, 2014.

EFFECTIVE DATE: July 1, 2013

### **DISCIPLINARY ACTION**

#### **Corrective Action Plans for Licensed Health Care Institutions**

**PA 13-208 (§ 7)** requires licensed health care institutions to submit to DPH corrective action plans, meeting specified criteria, after the department finds the institution to be noncompliant with state laws or regulations.

The act removes the one-year time limit within which DPH-licensed health care institutions must comply with any regulations the department

adopts. It retains the existing requirement that they comply within a reasonable time.

EFFECTIVE DATE: October 1, 2013

### ***Emergency Medical Services Professionals***

**PA 13-306** expands the grounds upon which the DPH commissioner may take disciplinary action against emergency medical technicians (EMTs), advanced EMTs, emergency medical responders, and EMS instructors, generally allowing her to take action against them for the same conduct for which she may already discipline paramedics.

EFFECTIVE DATE: October 1, 2013

### ***Homeopathic Physicians***

**PA 13-208 (§§ 16-21 & 79)** eliminates the five-member Connecticut Homeopathic Medical Examining Board, thus transferring responsibility for taking disciplinary action against homeopathic physicians from the board to DPH. It makes corresponding changes regarding approval of homeopathic physicians' post-graduate training.

EFFECTIVE DATE: October 1, 2013

### ***Penalties for Practice Without a License***

**PA 13-258** increases the maximum fine, from \$500 to \$5,000, for practicing various health professions without a license. The act retains the maximum five-year prison term for such conduct.

EFFECTIVE DATE: October 1, 2013

### ***State Agencies Citing Regulatory Authority***

**PA 13-279** requires all state agencies taking certain regulatory actions under the Uniform Administrative Procedure Act to cite the legal authority for the action. The agencies must do this when rendering final decisions or taking actions against a license under that act.

The act requires state agencies to specify the legal authority for an action that could affect a business activity or the use of private property when the affected party requests this information.

EFFECTIVE DATE: October 1, 2013

### ***Veterinarians***

**PA 13-230** allows the Connecticut Board of Veterinary Medicine, when determining if a veterinarian acted with negligence, to consider the American Veterinary Medical Association's published

standards of care and guidelines, including those for using, distributing, and prescribing prescription drugs.

EFFECTIVE DATE: October 1, 2013

## **HOSPITALS**

### ***Coronary Angioplasty Reports***

[PA 13-208 \(§ 69\)](#) establishes a new reporting requirement, from October 1, 2013 to September 30, 2014, for hospitals that obtained a certificate of need from OHCA to provide emergency, but not elective, coronary angioplasty services.

EFFECTIVE DATE: Upon passage

### ***Nonprofit Hospital Reporting Requirements***

[PA 13-234 \(§§ 147-148\)](#) requires nonprofit hospitals to submit annually to OHCA (1) a complete copy of the hospital's most recent Internal Revenue Service Form 990 and (2) data compiled to prepare the hospital's community health needs assessment. But they must not include patient-identifiable information or other specified information.

The act also subjects health care facilities and providers that fail to complete the OHCA questionnaire required as part of OHCA's state-wide inventory, to the general civil penalties that apply for failing to file data or

information with OHCA as required by law (up to \$1,000 per day for willfully failing to comply).

EFFECTIVE DATE: October 1, 2013

## ***Patient Bills***

By law, hospitals are subject to civil penalties and billing adjustments if a patient's bill conflicts with the hospital's schedule of charges on file with OHCA (i.e., its pricemaster). [PA 13-234 \(§ 149\)](#) (1) specifies certain details that patient bills must contain for these purposes and (2) specifically requires hospitals to provide detailed patient bills to DPH or patients upon request.

EFFECTIVE DATE: October 1, 2013

## ***UConn Health Center NICU Transport Services***

[PA 13-234 \(§ 146\)](#) expressly provides that the University of Connecticut Health Center or a constituent unit, including John Dempsey Hospital (JDH), can discontinue neonatal intensive care unit (NICU) transport services if these services are provided by a qualified transport service. JDH no longer operates a NICU unit, and existing law establishes provisions for transferring, from JDH to the Connecticut Children's Medical Center, licensure and control of

40 NICU beds (this transfer already occurred).

EFFECTIVE DATE: October 1, 2013

## **INPATIENT HOSPICE FACILITIES**

### ***Regulatory Requirements and Fees***

[PA 13-208 \(§§ 4 & 5\)](#) adds to the statutory definition of health care “institution” a “short-term hospital special hospice” and “hospice inpatient facility.” The terms are not defined in statute but appear in DPH’s hospice regulations. Thus, the act extends to these entities various statutory requirements for health care institutions (e.g., provisions on workplace safety committees and access to patient records). The act also establishes biennial licensing and inspection fees for these entities.

EFFECTIVE DATE: October 1, 2013

### ***Zoning Regulations***

[PA 13-247 \(§ 68\)](#) requires local zoning regulations to treat as single family homes certain DPH-licensed inpatient hospice facilities serving up to six people. These facilities must be (1) managed by a tax-exempt nonprofit organization, (2) served by public sewer and water, and (3) located in a city with more than 100,000 residents within a zone allowing development on one or more acres.

EFFECTIVE DATE: October 1, 2013

## **INSURANCE**

### ***All-Payer Claims Database***

[PA 13-247 \(§§ 138, 140-144, 147-148, & 388\)](#) transfers responsibilities for the all-payer claims database from the Office of Health Reform and Innovation (which the act eliminates) to the Connecticut Health Insurance Exchange. The all-payer claims database receives and stores data relating to medical, dental, and pharmacy insurance claims.

EFFECTIVE DATE: Upon passage

### ***Autism Spectrum Disorder Coverage***

[PA 13-84](#) requires certain health insurance policies to at least maintain current levels of benefits for insured people who were diagnosed with autism spectrum disorder before the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders was released (i.e., May 2013).

EFFECTIVE DATE: Upon passage

### ***Grieving Adverse Determinations***

[PA 13-3 \(§§ 70-76\)](#) makes various changes to the process for grieving adverse determinations (e.g., claims denials) by health insurers



subject to Connecticut insurance laws. It reduces the time health insurers have to (1) make initial determinations on requests for treatments for certain mental or substance use disorders and (2) review claim denials and other adverse determinations of these requests. It generally requires such benefit determinations, or decisions concerning expedited reviews of adverse determinations, within 24 hours. It sets specific requirements for clinical review criteria for utilization review involving substance abuse or mental disorders.

Among other things, the act also expands the role of and required qualifications for health care professionals who evaluate the appropriateness of adverse determinations.

EFFECTIVE DATE: October 1, 2013

### ***Physical Therapy Coverage***

[\*\*PA 13-307\*\*](#) prohibits certain health insurance policies from imposing a copayment of more than \$30 per visit for in-network physical therapy services performed by a state-licensed physical therapist.

EFFECTIVE DATE: January 1, 2015

### ***Prescription Refills***

[\*\*PA 13-131\*\*](#) prohibits certain health insurance policies that cover prescription drugs from denying coverage for refilling any

drug prescribed to treat a chronic illness if the refill is made in accordance with a plan to synchronize the refilling of multiple prescriptions. The plan must involve the insured, a practitioner, and a pharmacist.

EFFECTIVE DATE: January 1, 2014

### ***Professional Liability Insurance***

[\*\*PA 13-249\*\*](#) requires anyone who individually or jointly establishes, conducts, operates, or maintains a nursing home, home health care agency, or homemaker-home health aide agency to maintain professional liability insurance or other indemnity against liability for professional malpractice. The insurance must cover malpractice claims for injury or death of at least \$1 million for one person, per occurrence, with an aggregate (i.e., the total for all claims within the coverage period) of at least \$3 million.

EFFECTIVE DATE: January 1, 2014

### **LICENSURE**

#### ***Alcohol and Drug Counselors***

[\*\*PA 13-283\*\*](#) reinstates a requirement that alcohol and drug counselor licensure applicants complete 360 hours of education approved by the DPH commissioner, including at least 240 hours related to the knowledge and skills associated

with the practice of such counseling.

The act also specifies that the required master's degree for such licensure applicants must be in social work, marriage and family therapy, counseling, psychology, or a related field the commissioner approves that included at least 18 graduate semester hours in counseling or related subjects.

EFFECTIVE DATE: Upon passage

### ***Home Health Care Agency and Assisted Living Facility Licensure Fees***

#### **PA 13-234 (§ 140)**

establishes a licensing and inspection fee for home health care agencies of \$300 per agency and \$100 per satellite office. The fee must be paid biennially to DPH, except for Medicare- and Medicaid-certified agencies, which are licensed and inspected triennially.

The act also establishes a \$500 biennial licensing and inspection fee for assisted living services agencies, except those participating in the state's congregate housing pilot program in Norwich.

EFFECTIVE DATE: July 1, 2013

### ***Marital and Family Therapists***

By law, applicants for a marital and family therapist license must complete a graduate degree program and a supervised

practicum or internship with an accredited (1) college or university or (2) post-graduate clinical training program.

Previously, the clinical program had to be approved by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and recognized by the U.S.

Department of Education. **PA 13-208 (§ 70)** instead requires that the training program be (1) accredited by COAMFTE and (2) offered by a regionally accredited higher education institution.

EFFECTIVE DATE: October 1, 2013

### ***Master Social Worker Licensure Without Examination***

**PA 13-208 (§ 10)** extends, from October 1, 2012 to October 1, 2015, the date by which the DPH commissioner may issue a master social work license without examination, to applicants who meet specified criteria. **PA 10-38** established, within available appropriations, a new DPH licensure program for master level social workers, which the department has not yet implemented.

EFFECTIVE DATE: October 1, 2013.

### ***Online License Renewal and Increased Fees for Certain Professions***

Starting October 1, 2013, [PA 13-234 \(§ 139\)](#) requires, rather than allows, physicians, surgeons, nurses, nurse-midwives, and dentists to renew their licenses using DPH's online license renewal system, except in extenuating circumstances. The act increases the renewal fees for these professionals by \$5.

EFFECTIVE DATE: Upon passage and applicable to registration periods beginning on and after October 1, 2013

### ***Tattoo Technicians***

[PA 13-234 \(§§ 131-139 & 157\)](#) creates a new license category for tattoo artists (called "tattoo technician") administered by DPH. DPH must enforce the licensure program within available appropriations and is authorized to adopt implementing regulations. Starting July 1, 2014, the act prohibits anyone from engaging in tattooing unless they are age 18 or older and obtain a Connecticut tattoo technician license or temporary permit.

The act also allows local or district health directors to annually inspect the sanitary condition of tattoo establishments within their jurisdictions. If the establishment is found to be unsanitary, the health director must issue a written order that the

establishment be placed in sanitary condition.

EFFECTIVE DATE: October 1, 2013, except that a (1) conforming change regarding biennial re-licensure takes effect upon passage and applies to registration periods on and after October 1, 2013 and (2) repealer of a related provision takes effect July 1, 2014.

### ***LONG-TERM CARE***

#### ***Background Checks for Volunteers***

[PA 13-208 \(§ 3\)](#) limits required background checks for long-term care facility volunteers with direct patient access to only those volunteers reasonably expected to regularly perform duties substantially similar to those of employees with direct patient access.

EFFECTIVE DATE: October 1, 2013

#### ***Nursing Home and Residential Care Home (RCH) Citations Related to Background Searches***

[PA 13-208 \(§ 61\)](#) requires the DPH commissioner to issue a citation against any nursing home facility or RCH that violates the state's long-term care criminal history and patient abuse background search program.

EFFECTIVE DATE: October 1, 2013

### ***Nursing Home Preadmission Screening Notification***

The law prohibits nursing homes from admitting anyone, regardless of payment source, who has not undergone a preadmission screening process by which the Department of Mental Health and Addiction Services (DMHAS) determines whether the person is mentally ill and, if so, whether he or she requires nursing home care. [PA 13-234 \(§ 112\)](#) allows the Department of Social Services (DSS) commissioner to require a nursing home to notify DSS within one business day after admitting a person who is mentally ill and meets the admission requirements.

EFFECTIVE DATE: Upon passage

### ***Nursing Home Staff Training on Fear of Retaliation***

[PA 13-70](#) requires nursing home staff's annual in-service training to include patients' fear of retaliation. Specifically, the training must discuss (1) patients' rights to file complaints and voice grievances, (2) examples of what constitutes or may be perceived as employee retaliation against patients, and (3) ways to prevent and alleviate patients' fear of such retaliation.

EFFECTIVE DATE: October 1, 2013

## **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

### ***Assertive Community Treatment (ACT)***

[PA 13-3 \(§ 67\)](#) requires the DMHAS commissioner to implement an ACT program in three cities that, on June 30, 2013, did not have such a program. The program must use a person-centered, recovery-based approach that provides people diagnosed with a severe and persistent mental illness with specified services in community settings.

EFFECTIVE DATE: July 1, 2013

### ***Comprehensive Plan for Children's Services***

[PA 13-178](#) requires DCF and the Office of Early Childhood (OEC), in consultation and collaboration with various individuals and agencies, to take several steps to address Connecticut children's mental, emotional, and behavioral health needs. It requires DCF to develop a comprehensive plan to (1) meet these needs and (2) prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children. It requires OEC to (1) provide recommendations to several legislative committees on coordinating home visitation programs that offer services to vulnerable families with young children and (2) design and

implement a public information and education campaign.

Among other things, the act also requires training for school resource officers, mental health care providers, pediatricians, and child care providers.

EFFECTIVE DATE: July 1, 2013, except the Judicial Branch and OEC provisions take effect October 1, 2013

### ***DCF Screenings for Social-Emotional and Developmental Delays***

**PA 13-234 (§ 154)** requires DCF to ensure that children age thirty-six months or younger are screened for developmental and social-emotional delays if they are (1) substantiated abuse and neglect victims or (2) receiving DCF differential response program services. The department must do this starting October 1, 2013 for the former and July 1, 2015 for the latter.

The department must refer any child found, through the screening, to exhibit such delays to (1) the Birth-to-Three Program or if ineligible for this program (2) the Children's Trust Fund's Help Me Grow prevention program or a similar program.

Starting by July 1, 2014, the act requires DCF to begin submitting annual reports on the screenings and referrals to the Children's Committee for inclusion in the committee's

annual report card on state policies and programs affecting children.

EFFECTIVE DATE: October 1, 2013

### ***Department of Correction (DOC) Pilot Methadone Treatment Program***

**PA 13-234 (§ 114)** allows DOC to initiate, with support from DMHAS and DPH, a pilot treatment program for methadone maintenance and other drug therapies at facilities including the New Haven Community Correctional Center. DOC must report the results of the program by October 1, 2014 and April 1, 2015.

EFFECTIVE DATE: July 1, 2013

### ***DMHAS Pilot for Alcohol-Dependent People in New Haven Area***

**PA 13-247 (§ 74)** requires the DMHAS commissioner to establish and implement a pilot program to help alcohol-dependent people discharged from New Haven-area hospitals. The program must help such people obtain outpatient treatment and community support services, including housing.

EFFECTIVE DATE: October 1, 2013.

## ***Gun Credential Eligibility***

**PA 13-3 (§§ 2, 8, 10-11, 15, & 57-58)** expands the circumstances in which mental health history disqualifies a person for gun permits or other gun credentials, by (1) extending the look-back period for psychiatric commitments from 12 to 60 months and (2) disqualifying people for voluntary psychiatric admissions (other than solely for alcohol or drug treatment) within the prior six months. As part of this process, the act (§ 10) requires psychiatric hospitals, without delay, to notify the DMHAS commissioner about such voluntary admissions.

EFFECTIVE DATE: the provisions requiring psychiatric hospitals to notify DMHAS take effect October 1, 2013; other provisions take effect July 1, 2013 or October 1, 2013

## ***Mental Health Parity and Compliance Checks***

**PA 13-3 (§ 79)** requires the insurance commissioner to seek input on methods the department might use to check for compliance with state and federal mental health coverage parity laws and report on these issues to the Insurance and Public Health committees.

EFFECTIVE DATE: Upon passage

## ***Parental Notification for Hospital Admission***

**PA 13-130** reduces, from five days to twenty-four hours, the time within which a hospital must notify a parent or guardian of a child (1) age 14 or older or (2) in DCF custody that the child was admitted for the diagnosis or treatment of a mental disorder without the parent's or guardian's consent.

EFFECTIVE DATE: October 1, 2013

## ***Probate Court-Related Case Management and Care Coordination Services***

**PA 13-3 (§ 68)** requires the DMHAS commissioner to provide case management and care coordination services to up to 100 people with mental illness who are involved in the probate court system and who, on June 30, 2013, were not receiving these services.

EFFECTIVE DATE: July 1, 2013

## ***Regional Behavioral Health Consultation System for Pediatricians***

**PA 13-3 (§ 69)** requires the DCF commissioner, by January 1, 2014, to establish and implement a regional behavioral health consultation and care coordination program for primary care providers who serve children.

EFFECTIVE DATE: Upon passage

### ***Sandy Hook Workers Assistance Program***

**SA 13-1** establishes the Sandy Hook Workers Assistance Program and Fund to provide financial assistance to certain people who suffered a mental or emotional impairment related to the events at Sandy Hook Elementary School.

EFFECTIVE DATE: Upon passage

(For more mental health provisions, see “Councils and Task Forces,” “Insurance – Grieving Adverse Determinations,” and “Schools – Mental Health First Aid Training.”)

### **NEWBORN SCREENING FOR ADRENOLEUKODYSTROPHY**

**PA 13-242** act requires, once certain conditions are met, all health care institutions caring for newborn infants to test them for adrenoleukodystrophy (ALD), unless, as allowed by law, their parents object on religious grounds.

EFFECTIVE DATE: October 1, 2013

## **OUTPATIENT CLINICS**

### **PA 13-208 (§§ 77 & 78)**

establishes a statutory definition for “outpatient clinics” and adds them to the statutory list of health care institutions. In doing so, it extends to these clinics requirements for health care institutions regarding, among other things, workplace safety committees and access to patient records. The act requires DPH to license outpatient clinics (they already do this).

EFFECTIVE DATE: January 1, 2014

## **PHYSICIAN ASSISTANTS**

### ***Active Duty***

**PA 13-208 (§ 11)** allows a physician assistant who is (1) licensed in another state and (2) an active member of the Connecticut Army or Air National Guard to provide patient services under the supervision, control, responsibility, and direction of a Connecticut-licensed physician while in the state.

EFFECTIVE DATE: October 1, 2013

### ***Nursing Home IV Therapy Programs***

**PA 13-208 (§ 8)** allows a licensed physician assistant employed or contracted by a nursing home that operates an IV (intravenous) therapy program to administer a peripherally-

inserted central catheter as part of the home's IV therapy program. DPH must adopt regulations to implement this change.

EFFECTIVE DATE: October 1, 2013

### **PRIVACY OF A MISSING PERSON'S MEDICAL INFORMATION**

[PA 13-226](#) requires the state's Missing Children Information Clearinghouse to establish procedures to maintain the confidentiality of any medical information that it collects, discovers, or otherwise obtains on missing persons. The procedures must provide that no such medical information is disseminated to the public about a missing person without the consent of a specified family member or legal custodian.

EFFECTIVE DATE: October 1, 2013

### **PROFESSIONAL SERVICE CORPORATIONS—JOINT PRACTICE**

[PA 13-157](#) authorizes physicians and psychologists to form a professional service corporation together to offer their services. [PA 13-198](#) authorizes physicians and podiatrists to form a professional service corporation together to offer their services.

EFFECTIVE DATE: Both acts take effect October 1, 2013

## **SCHOOLS**

### ***Community Schools***

[PA 13-64](#) allows a board of education, after following certain steps, to establish a community school to participate with community partners to provide various educational and social services to students, families, and community members. Community partners include, among others, providers of primary medical or dental care or mental health services.

EFFECTIVE DATE: July 1, 2013

### ***Mental Health First Aid Training***

Among other provisions on mental health first aid training, [PA 13-3 \(§§ 64-65 & 90\)](#) requires the (1) State Board of Education, within available resources, to help and encourage school boards to include such training as part of their in-service programs and (2) DMHAS commissioner, in consultation with the SDE commissioner, to administer a mental health first aid training program.

EFFECTIVE DATE: Upon passage

### ***School-Based Health Centers***

[PA 13-247 \(§ 193\)](#) allows all school-based health centers to (1) extend their hours, (2) expand the health care services they provide, (3) serve students who



live outside of their school district, (4) provide behavioral health services, (5) conduct community outreach, and (6) receive reimbursement for services from private insurance. The act also requires such services to be provided in accordance with DPH licensure terms.

EFFECTIVE DATE: July 1, 2013

## **SCOPE OF PRACTICE**

### ***Nuclear Medicine Technologists***

#### **PA 13-208 (§§ 66-68)**

establishes a statutory definition of “nuclear medicine technologist” and defines the practice of nuclear medicine technology. Under the act, as under existing law, DPH does not license or certify these health care professionals.

EFFECTIVE DATE: July 1, 2013

### ***Podiatrists***

**PA 13-305** allows certain licensed podiatrists who are board qualified, rather than board certified, in reconstructive rearfoot ankle surgery to independently perform tibial and fibular osteotomies and advanced ankle surgeries. The act applies to licensed podiatrists who (1) graduated on or after June 1, 2006 from a three-year podiatric residency program accredited by the Council on Podiatric Medical

Education at the time of graduation and (2) provide DPH documentation of acceptable training and experience in midfoot, rearfoot, and ankle procedures.

EFFECTIVE DATE: October 1, 2013

### ***Thai Yoga***

**PA 13-37** exempts Thai yoga performed by people with specified training from the statutory definition of “massage therapy,” thus allowing them to practice Thai yoga without a massage therapist license. The act also exempts such people from a related advertising restriction. The exemptions apply to people who (1) are registered as yoga teachers with the Yoga Alliance Registry and (2) have completed 200 hours of training in Thai yoga.

EFFECTIVE DATE: October 1, 2013

## **TANNING FACILITIES**

Prior law subjected tanning facility operators to a fine of up to \$100 if they allowed someone under age 16 to use a tanning device without the parent’s or guardian’s written consent.

**PA 13-79** raises this age threshold and eliminates the exception for parental or guardian consent. It prohibits tanning facility operators from allowing anyone under age 17 to

use a tanning device. Violators are subject to the same fine of up to \$100.

EFFECTIVE DATE: October 1, 2013

## **VARIOUS PROFESSIONS**

### ***Disclosure of Patient Information***

By law, physicians and surgeons cannot disclose any patient information or communications without the consent of the patient or his or her authorized representative, with certain exceptions (e.g., to report abuse or as part of a DPH investigation).

**PA 13-208 (§ 63)** specifies that these disclosure requirements apply to all DPH-licensed health care providers except for psychologists, psychiatrists, professional counselors, social workers, marital and family therapists, DMHAS-contracted providers, and researchers, each of which have their own statutory disclosure requirements.

EFFECTIVE DATE: October 1, 2013

### ***Mandated Reporters***

**PA 13-297** makes it a class A misdemeanor for mandated reporters (including certain medical professionals) to fail to report suspected child abuse or neglect to DCF. Under prior law, this inaction subjected them to fines only. The act also makes it a form of risk of injury to a child

for a person to intentionally and unreasonably interfere with or prevent a person from carrying out his or her obligations as a mandated reporter.

**PA 13-53** (1) prohibits employers from attempting to prevent employees from reporting child abuse or neglect or testifying in hearings related to child abuse or neglect and (2) subjects employers to the whistleblower penalties, in addition to the current civil penalties, if they take adverse actions against employees who report child abuse or neglect.

EFFECTIVE DATE: Both acts take effect October 1, 2013

## **VETERINARIANS**

### ***Euthanization of Dogs or Cats***

With various exceptions, **PA 13-236** requires that the euthanization of dogs or cats be performed only by licensed veterinarians in a humane manner. The act subjects violators to up to a year in prison, up to a \$1,000 fine, or both. Among other things, the exceptions include killing an animal engaged in a serious attack of a person or another animal and euthanizations performed by (1) law enforcement officers in the course of their duties or (2) the Connecticut Humane Society.

EFFECTIVE DATE: Upon passage

***Treatment of Potentially Dangerous Animals***

**PA 13-83** exempts from the law that makes it illegal to possess a potentially dangerous animal a licensed veterinarian treating or caring for such an animal.

EFFECTIVE DATE: Upon passage

(Also see “Disciplinary Action – Veterinarians.”)

**VITAL RECORDS**

***Birth Certificates for Homeless Youth and Emancipated Minors***

**PA 13-142** allows certified homeless youth (15 to 17 years old) and emancipated minors to access or receive their birth certificates. It specifies who can certify youth as homeless for this purpose (e.g., a school district homeless liaison) and requires the person certifying the youth as homeless to accompany him or her when requesting the certificate.

EFFECTIVE DATE: October 1, 2013

JO:ts