
OLR Bill Analysis

sSB 36 (File 101, as amended by Senate "A")*

AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE.

SUMMARY:

This bill allows advanced practice registered nurses (APRNs) who have been licensed and practicing in collaboration with a physician for at least three years to practice independently. Current law requires APRNs to work in collaboration with a physician, including having a written agreement regarding the APRN's prescriptive authority.

The bill generally requires APRNs, when applying for their annual license renewal, to attest in writing that they have earned at least 50 contact hours of continuing education (CE) in the previous 24 months. The requirement applies to registration periods beginning on and after October 1, 2014. Among other things, the bill (1) specifies qualifying CE activities and (2) exempts from the CE requirement APRNs applying for their first license renewal or who are not actively practicing.

Starting in 2015, the bill requires manufacturers of covered drugs, devices, biologicals, and medical supplies to report to the Department of Public Health (DPH) information concerning payments or other transfers of value they make to APRNs. Manufacturers who fail to comply are subject to civil penalties.

The bill also makes technical and conforming changes.

*Senate Amendment "A" (1) specifies that an APRN must have practiced in collaboration with a physician for three years, not just been licensed for three years, in order to practice independently; (2) adds the continuing education provisions; and (3) adds the manufacturers' disclosure provisions.

EFFECTIVE DATE: July 1, 2014 for the provisions on APRNs' collaboration and independent practice, upon passage for the continuing education provisions, and October 1, 2014 for the manufacturers' disclosure provisions.

APRN COLLABORATION WITH PHYSICIANS AND INDEPENDENT PRACTICE

Under the bill, the current requirement for an APRN to work in collaboration with a physician continues to apply for the first three years after the APRN becomes licensed in the state. After that, collaboration is optional and the APRN can practice independently, as long as he or she has actively practiced as an APRN in collaboration with a physician for at least three years. The bill also specifically permits APRNs, after that three-year period, to collaborate with other licensed health care providers.

By law, collaboration is defined as a mutually agreed upon relationship between an APRN and a physician whose education, training, or relevant experience is related to the APRN's work. The collaboration must address (1) a reasonable and appropriate level of consultation and referral, (2) patient coverage in the APRN's absence, (3) methods to review patient outcomes and disclose the relationship to the patient, and (4) what schedule II and III controlled substances the APRN can prescribe. (APRNs can also prescribe schedule IV and V controlled substances.)

By law, unchanged by the bill, nurse anesthetists (one category of APRNs) must work under a physician's direction.

CONTINUING EDUCATION FOR APRNS

Qualifying Activities

Under the bill, an APRN's CE must be in his or her practice area and reflect his or her professional needs in order to meet the public's health care needs. It must include at least five contact hours of training or education in pharmacotherapeutics. (A contact hour is at least 50 minutes of continuing education and activities.)

The CE can include courses, including online courses, offered or approved by the American Nurses Association, Connecticut Hospital Association, Connecticut Nurses Association, Connecticut League for Nursing, a specialty nursing society, or an equivalent organization in another jurisdiction. The CE can also include (1) educational offerings sponsored by a hospital or other health care institution or (2) courses offered by a regionally accredited academic institution or a state or local health department.

The bill allows the DPH commissioner to waive up to 10 contact hours of CE for an APRN who (1) engages in activities related to his or her service as a member of the state Board of Examiners for Nursing or (2) helps DPH with its duties to its professional boards and commissions.

Recordkeeping

The bill requires APRNs to attest on a DPH form their compliance with these CE requirements, when applying to renew their licenses. They also must (1) keep records of attendance or completion for at least three years after the year they complete the CE activities and (2) submit these records to DPH within 45 days of its asking for them.

Exemptions

The bill exempts from its CE requirements first-time license renewal applicants and those not engaged in active professional practice. An APRN who is not practicing must submit a notarized exemption application, plus any other documentation DPH requires, before the license expires. The exemption application, which must be on a DPH form, must state that the individual may not practice until he or she has met the bill's CE requirements. The bill specifies that an APRN who is exempt for less than two years must complete 25 contact hours of CE within the 12 months immediately before returning to practice.

Waiver or Extension for Medical Reasons

The bill allows the DPH commissioner or her designee to grant a CE waiver or an extension of time for an APRN who has a medical disability or illness. A licensee seeking a waiver or extension must

submit to DPH (1) an application, on a form the commissioner prescribes; (2) a certification of the disability or illness, by a licensed physician, APRN, or physician assistant; and (3) any other documentation the commissioner may require.

The bill allows the commissioner or designee to grant a waiver or extension for up to a single one-year registration period, but they can grant additional waivers or extensions if the disability or illness continues beyond the waiver period and the licensee reapplies to DPH.

License Reinstatement

The bill requires an APRN whose license became void due to failure to timely renew it and who is seeking reinstatement to submit evidence documenting successful completion of 25 hours of CE within the year immediately preceding his or her application for reinstatement.

MANUFACTURERS' DISCLOSURE REQUIREMENTS

The bill requires manufacturers of covered drugs, devices, biologicals, and medical supplies to report on payments or other transfers of value they make to APRNs practicing in Connecticut. They must report the information to DPH quarterly in the form and manner the commissioner prescribes, with the first report due by January 1, 2015. The bill allows the commissioner to publish the information on the department's website.

The bill applies to manufacturers of drugs, devices, biologicals, or medical supplies that are covered by (1) Medicare or (2) the state Medicaid or Children's Health Insurance Program plan, including a plan waiver. It applies to such manufacturers operating in the U.S. (including a territory, possession, or commonwealth) who make such transfers. The bill does not apply to transfers made indirectly to an APRN through a third party, in connection with an activity or service in which the manufacturer is unaware of the APRN's identity.

Required Reporting

The bill requires these manufacturers to report the same information

required by federal law to be reported for payments or transfers of value to physicians or teaching hospitals. (The federal law is known as the Physician Payments Sunshine Act.)

This information includes:

1. the recipient's name and business address;
2. the amount and date of the payment or other transfer of value;
3. the form of the payment or transfer (e.g., cash, in-kind items);
4. the nature of the payment or transfer (e.g., consulting fees, gifts, entertainment, food);
5. if the payment or other transfer is related to marketing, education, or research specific to a covered drug, device, biological, or medical supply, the name of that covered product; and
6. any other information determined appropriate by the federal Health and Human Services secretary.

Civil Penalty for Noncompliance

Under the bill, a manufacturer required to report that fails to do so is subject to a civil penalty. The penalty is \$1,000 to \$4,000 for each payment or transfer not reported.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 4 (03/10/2014)