

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 14-12—sSB 36
Public Health Committee

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

SUMMARY: This act 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. (PA 14-231, § 52, requires at least 2,000 hours of such collaborative practice before an APRN can practice independently.) Prior law required APRNs to work in collaboration with a physician, including having a written agreement regarding the APRN's prescriptive authority.

The act potentially broadens prescriptive authority for APRNs with the requisite three years' experience, by allowing them to prescribe all schedule II and III controlled substances. Under prior law, APRNs could only prescribe the schedule II and III controlled substances specified in their collaborative agreement with a physician. (Under existing law and the act, APRNs can also prescribe schedule IV and V controlled substances.)

The act 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. The act exempts from the CE requirement APRNs applying for their first license renewal or who are not actively practicing.

Starting in 2015, the act 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. (PA 14-217, § 75, requires these manufacturers to report to the Department of Consumer Protection (DCP) rather than DPH and extends the initial reporting deadline by six months.)

The act also makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2014, except upon passage for the CE provisions and October 1, 2014 for the manufacturers' disclosure provisions.

**§§ 1-3 — APRN COLLABORATION WITH PHYSICIANS AND
INDEPENDENT PRACTICE**

Under the act, the previous 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

OLR PUBLIC ACT SUMMARY

APRN in collaboration with a physician for at least three years. (PA 14-231, § 52, requires at least 2,000 hours of collaborative practice before an APRN can practice independently and institutes documentation and notice requirements for APRNs seeking to practice without collaborating with a physician.)

By law, collaboration is defined as a mutually agreed upon relationship between an APRN and a physician whose education, training, or 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.

Under existing law and the act, nurse anesthetists (one category of APRNs) must work under a physician's direction.

§ 4 — CONTINUING EDUCATION FOR APRNS

Qualifying Activities

Under the act, 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. (PA 14-231, § 53, requires the CE to include at least one contact hour of training or education in each of six specified topics.)

Among other things, 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 outside Connecticut. 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 act 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 act 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 certificates of completion for at least three years after the year they complete the CE activities and (2) submit these to DPH within 45 days of its asking for them.

Exemptions

The act exempts from its CE requirements first-time license renewal applicants and APRNs not engaged in active professional practice.

An APRN who is not practicing must submit a notarized exemption

OLR PUBLIC ACT SUMMARY

application on a DPH form, plus any other documentation DPH requires, before the license expires. The exemption application must state that the individual may not practice until he or she has met the act's CE requirements. The act 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 act 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 (1) an application, on a DPH form; (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 act 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 act 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.

§ 5 — MANUFACTURERS' DISCLOSURE REQUIREMENTS

The act 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. Under the act, (1) they must report the information to DPH quarterly in the form and manner the commissioner prescribes, (2) the first report is due by January 1, 2015, and (3) the DPH commissioner can publish the information on the department's website. (PA 14-217, § 75, replaces these references to DPH with references to DCP and makes the first report due July 1, 2015.)

The act applies to manufacturers of drugs, devices, biological products, 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 United States (including a territory, possession, or commonwealth) who make such transfers to APRNs practicing in Connecticut. The act 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 act requires these manufacturers to report the same information required by federal law to be reported for payments or transfers of value to physicians or

OLR PUBLIC ACT SUMMARY

teaching hospitals. (The federal law is known as the Physician Payment Sunshine Act.)

In general, 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 and in-kind items);
4. the nature of the payment or transfer (e.g., consulting fees, gifts, entertainment, and food);
5. if the payment or other transfer is related to marketing, education, or research specific to a covered product, the name of that product; and
6. any other information determined appropriate by the federal Health and Human Services secretary.

Civil Penalty for Noncompliance

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

BACKGROUND

Related Act

Prior law required DPH, within available appropriations, to collect certain information to create individual public profiles for various health care providers. PA 14-217, § 158, eliminates the "within available appropriations" condition with regard to collecting information on physicians and APRNs. The act also adds to the profile information (1) whether the practitioner provides primary care services and (2) for an APRN, whether he or she is practicing independently or in collaboration with a physician.

OLR Tracking: JO:KM:JKL:am