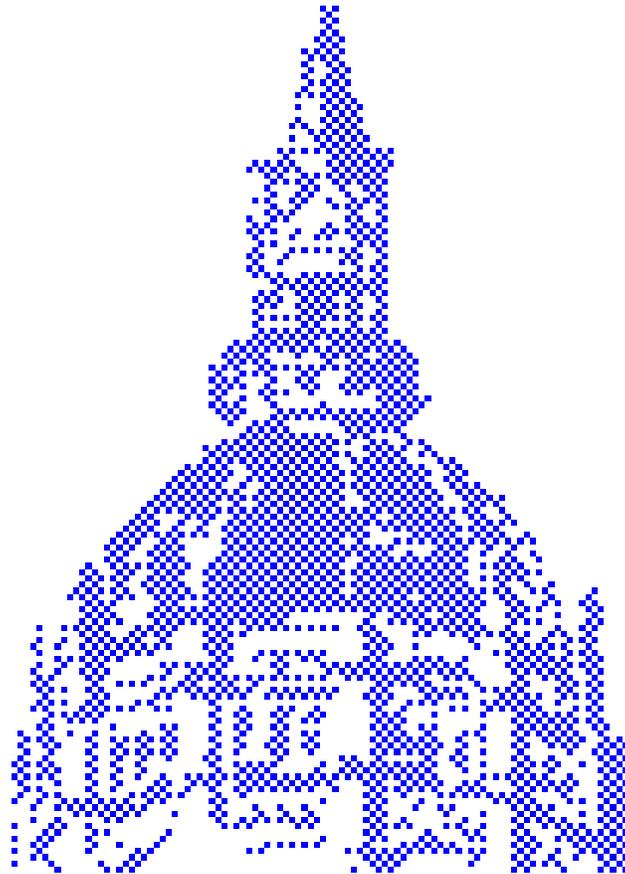




ACTS AFFECTING HEALTH PROFESSIONS



2016-R-0123

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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 2016 regular session and May special session. Each summary indicates the Public Act (PA) or Special Act (SA) number. The report does not cover acts that were vetoed. Not all provisions of the acts are included. Complete summaries of Public Acts will be available on OLR's webpage: <http://www.cga.ct.gov.oler/OLRPASums.asp>.

The summaries are divided into categories for ease of reference; some provisions may fall into multiple categories.

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

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ACUTE CARE AND EMERGENCY BEHAVIORAL HEALTH SERVICES GRANT PROGRAM

A 2015 law created a program in the Department of Mental Health and Addiction Services (DMHAS) to provide grants to organizations providing acute care and emergency behavioral health services. A new law requires DMHAS to establish the program within available appropriations. It also allows, rather than requires, the grants to be used for providing specified community-based behavioral health services ([PA 16-3, May Special Session](#), § 65, effective July 1, 2016).

ADVANCED PRACTICE REGISTERED NURSE (APRN) CERTIFICATIONS

A new law allows APRNs to certify, sign, or otherwise document medical information in several situations that previously required a physician's signature, certification, or documentation. Examples include certifying a patient for medical marijuana use (except for glaucoma) and certifying a disability or illness for various other purposes. Among other things, the act also extends certain reporting requirements to APRNs regarding specified types of patients or conditions ([PA 16-39](#), effective October 1, 2016, except the marijuana provisions take effect January 1, 2017).

AMBULATORY SURGICAL CENTER (ASC) SERVICES

Under federal law, ASCs qualify for Medicare payments if, among other things, they provide surgical services to patients who require no more than 24 hours postoperative care without subsequent hospitalization. A new state law specifies that outpatient surgical facilities operating as ASCs may provide surgical services to patients who require no more than 24 hours of such observation.

The act requires the Department of Public Health (DPH) commissioner, by July 1, 2016, to study the implications of this change and allows him to adopt implementing regulations if he determines they are needed. Until he adopts regulations, he must adopt and implement policies and procedures needed to carry out this change ([PA 16-3, May Special Session](#), §§ 195 & 196, effective July 1, 2016, except the study provision took effect upon passage).

AUTISM SPECTRUM DISORDER (ASD) SERVICES

A new law makes the Department of Social Services (DSS), rather than the Department of Developmental Services (DDS), the lead agency responsible for (1) coordinating functions of state agencies that provide ASD services and (2) applying for funding associated with ASD responsibilities under federal law.

The law also moves the Division of ASD Services from DDS to DSS, but the DDS commissioner retains the authority to investigate reports alleging abuse or neglect of anyone receiving division services ([PA 16-3, May Special Session](#), §§ 47-59, effective July 1, 2016).

DENTAL PROFESSIONALS

Dental Anesthesia

A new law allows the DPH commissioner to deny or revoke a dental permit for moderate sedation, deep sedation, or general anesthesia if the dentist is disciplined by the state dental commission ([PA 16-66](#), § 9, effective October 1, 2016).

Dental Assistants

A new law establishes a new designation of dental assistant, called expanded function dental assistants (“EFDAs”). It changes some of the procedures a dentist can delegate to other dental assistants, allows a dentist to delegate more procedures to EFDAs, and specifies the level of supervision required for both types of assistants.

The act requires dental assistants to receive training in infection control, starting in 2018. It places a number of other requirements on EFDAs and the dentists who hire them ([PA 16-66](#), § 38, effective October 1, 2016).

Dental-Only HMOs

A new law allows the Insurance Department to license HMOs that offer

only dental services. It adds dental hygienists to the definition of “healing arts” for purposes of the HMO statutes. It also requires that one-fourth of a nonprofit dental-only HMO’s board of directors be in dental or related fields ([PA 16-213](#), §§ 20-24, effective July 1, 2017).

Infection Control

A new law generally requires dentists and dental hygienists to complete at least one contact hour every two years of training or education in infection control in a dental setting, as part of existing continuing education requirements. The requirement applies to registration periods beginning on and after October 1, 2016.

The act allows the dental commission to discipline dentists who fail to adhere to the CDC’s guidelines for infection control in dental settings ([PA 16-66](#), §§ 10-12, effective October 1, 2016).

HEALTH CARRIERS’ PROVIDER NETWORKS AND CONTRACTS

A new law requires health carriers to establish and maintain adequate provider networks to assure that all covered benefits are accessible to covered individuals without unreasonable travel or delay. It establishes standards for contracts between carriers and participating providers. It also prohibits a provider from collecting or attempting to collect

from an insured patient any money the patient's health carrier owes to the provider ([PA 16-205](#), effective January 1, 2017).

HEALTH INFORMATION TECHNOLOGY

A new law requires the lieutenant governor, within existing resources, to designate a health information technology officer. The act transfers various responsibilities from the DSS commissioner to the officer, such as authority over the statewide health information exchange, and makes other changes affecting the exchange. It also makes the officer a co-chairperson of the state health information technology advisory council and adds members to the council ([PA 16-77](#), §§ 4-7, effective upon passage).

HIV LAWS

This year, a new law makes changes to statutes related to HIV to conform to current public health practice and guidelines. It (1) requires DPH to establish needle and syringe exchange programs in any community impacted by HIV or hepatitis C, not just the three cities with the most HIV cases among injection drug users, but requires the programs only within available appropriations; (2) expands these programs' service components; and (3) deletes certain obsolete provisions ([PA 16-87](#), effective October 1, 2016).

HOSPITALS

Cost-to-Charge Ratio on Hospital Bills

Under a new law, hospitals must include their cost-to-charge ratio on bills to (1) patients and (2) third-party payers unless provided to such payers already ([PA 16-95](#), § 5, effective October 1, 2016).

Facility Fees

Starting in 2017, existing law places certain restrictions on facility fees that hospitals, health systems, or hospital-based facilities may charge for outpatient services. A new law exempts from these restrictions facility fees for Medicare or Medicaid patients or those receiving services under a workers' compensation plan.

Beginning in 2016, existing law required certain billing statements that include a facility fee to contain specified information. A new law narrows this requirement to initial billing statements and modifies two components of the required information ([PA 16-77](#), § 2, effective upon passage).

Hospital Rates

A new law modifies the methods DSS must use to determine reimbursement rates for certain services hospitals provide to Medicaid recipients. For example, prior law required DSS to adopt payment rates for emergency department and outpatient visits based on the Medicare Ambulatory Payment Classification

system. The new law gives the commissioner greater latitude to determine such rates by instead requiring them to be based on an unspecified ambulatory payment classification system.

Among other things, the act also prohibits DSS from increasing or adjusting upward any rates or payment methods to hospitals based on inflation or an inflationary factor unless the approved state budget includes appropriations for these increases or upward adjustments ([PA 16-3, May Special Session](#), § 87, effective upon passage).

Hospital Tax

Since July 1, 2011, the law has imposed a quarterly tax on hospital net patient revenue at a rate up to the maximum allowed by federal law and using a base year as determined by the DSS commissioner. This tax is the subject of an ongoing dispute between DSS and the Connecticut Hospital Association.

A new law specifies the intention of the 2011 public acts establishing this tax. Under the new law, and applicable to quarters beginning on July 1, 2011, (1) the hospital tax rate conforms with the state budget adopted by the legislature and (2) when determining the tax assessment base year, the DSS commissioner must ensure it conforms with the adopted budget ([PA 16-3, May Special Session](#), §§ 119-121,

effective upon passage, and certain provisions are applicable to calendar quarters beginning on or after July 1, 2011).

Information for Patients on Nonemergency Care

A new law changes the starting date for a requirement that hospitals notify patients scheduling a nonemergency diagnosis or procedure of their right to request related cost and quality information. Previously, this requirement would have begun next January. Instead, it now begins 180 days after the DPH and insurance commissioners make publicly available their first report listing a specified number of most frequent diagnoses and procedures.

The act also alters a component of the information hospitals must report to these patients ([PA 16-77](#), § 1, effective upon passage).

Interhospital Transfers of Newborn Infants and their Mothers

In certain life threatening emergencies, a newborn infant may need to be transferred from one hospital to another hospital with facilities or experts better equipped to handle the infant's precarious medical condition. A new law prohibits health carriers from requiring preauthorization to transfer the infant or the infant's mother in such circumstances ([PA 16-162](#), effective January 1, 2017).

Newborn Screening

A new law specifies that adrenoleukodystrophy (ALD) is part of the required newborn screening tests ([PA 16-66](#), § 22, effective October 1, 2016).

Placenta Removal from Hospitals

Under specified conditions, a new law permits hospitals to allow a woman who has given birth in the hospital, or her spouse if she is incapacitated or deceased, to take possession of the placenta and remove it from the hospital ([PA 16-66](#), § 26, effective October 1, 2016).

Record Storage

A new law allows chronic disease hospitals and children's hospitals to maintain their medical records off-site as long as they can retrieve them by the end of the next business day after someone requests them. Prior law required that the records be kept on-site. For children's hospitals, prior law exempted nurses' notes from the requirement to keep records on-site. The new law removes this exemption and applies the same rule described above ([PA 16-66](#), § 23, effective October 1, 2016).

LOCAL HEALTH DEPARTMENTS

Directors Serving in a Full-Time Capacity

A new law requires district health directors to serve full-time, instead of devoting their "entire time" to

performing the duties of the positions, as was required under prior law. (Existing law already requires this of certain municipal health directors.) The act also prohibits (1) district health directors and (2) municipal health directors in towns with a population of 40,000 or more for five consecutive years from having a financial interest or engaging in a job, transaction, or professional activity that substantially conflicts with the director's roles ([PA 16-66](#), §§ 39 & 40, effective July 1, 2016).

Impropriety on Behalf of Local Health Department Directors or Employees

Under a new law, the DPH commissioner must take certain actions if he reasonably suspects impropriety on the part of a municipal or district health director or the director's employee related to the performance of their duties. The commissioner must notify the local health department's governing authority and provide any evidence of such impropriety for the authority to review and assess the director's or employee's performance of their duties. The authority must then report its findings to the commissioner within 90 days after completing the review and assessment ([PA 16-66](#), § 41, effective October 1, 2016).

LONG-TERM CARE

Methadone Treatment in Nursing Homes

Previously, nursing home patients receiving methadone treatment for opioid addiction generally had to receive that treatment at a separate substance abuse treatment facility rather than in the nursing home. A new law allows these facilities to provide this treatment directly at nursing homes, subject to the DPH commissioner's approval. He may grant the request if he determines that allowing this would not endanger the health, safety, or welfare of any patient ([PA 16-66](#), § 4, effective October 1, 2016).

Nursing Homes and Patient-Designated Caregivers

A new law extends to nursing homes existing requirements for hospitals regarding the designation of patient caregivers at the time of a patient's discharge. Among other things, the law requires a nursing home, when discharging a resident home, to (1) allow the resident or the resident's representative to designate a caregiver at or before receiving the discharge plan, (2) attempt to notify the designated caregiver of the resident's discharge, and (3) instruct the caregiver on post-discharge tasks the caregiver will assist the resident with at home ([PA 16-59](#), effective October 1, 2016).

Rate Freezes for Certain Facilities

Under a new law, regardless of rate-setting laws or regulations to the contrary, the rates the state pays to residential care homes (RCHs), community living arrangements, and community companion homes that received the flat rate for residential services in FY 16 remain in effect in FY 17. State regulations permit these facilities to have their rates determined on a flat rate basis rather than individually on the basis of submitted cost reports ([PA 16-3, May Special Session](#), § 46, effective July 1, 2016).

(For additional provisions affecting nursing homes, see OLR's Acts Affecting Seniors report, [OLR Report 2016-R-0127](#).)

MEDICAID (OTHER)

Husky Plus

HUSKY Plus is a supplemental health program for HUSKY B (i.e., the State Children's Health Insurance Program) members with intensive physical health needs that cannot be met through the basic benefit package. This year, the legislature made several changes to this program, such as (1) expanding the range of medical services available under the program and (2) requiring HUSKY Plus providers who are not enrolled Medicaid providers to accept (a) Medicaid rates as payment in full and (b) other conditions the DSS commissioner may specify ([PA 16-19](#), effective upon passage).

Radiological and Imaging Services Utilization

A new law requires the DSS commissioner to submit quarterly data in FY 17 to the Council on Medical Assistance Program Oversight (MAPOC) on Medicaid utilization trends in radiological and imaging services. The council may review this data to determine if reduced reimbursement has affected patient access to these services ([SA 16-17](#), effective upon passage).

MEDICAL FOUNDATIONS

Under existing law, a hospital, health system, or medical school may organize and become a member of a nonprofit medical foundation to practice medicine and provide health care services through its employees or agents who are physicians or certain other providers. A new law expands which entities may employ physicians by allowing independent practice associations and certain other entities not owned by a hospital to establish for-profit or nonprofit medical foundations.

The act makes other changes affecting medical foundations, such as (1) prohibiting anyone from serving on the board of more than one medical foundation and (2) adding to the information that all medical foundations must report annually to DPH's Office of Health Care Access ([PA 16-95](#), §§ 6-8, effective October 1, 2016).

MEDICAL MARIJUANA

This year, the legislature expanded the state's medical marijuana program to include patients who are minors, subject to certain additional requirements and limitations beyond those that apply for adults. The act makes various other changes to the program, such as (1) expanding the list of qualifying debilitating conditions for adults, (2) allowing dispensaries to distribute marijuana to hospices and other inpatient care facilities that have protocols for handling and distributing marijuana, (3) specifically allowing nurses to administer marijuana in licensed health care facilities, and (4) allowing the consumer protection commissioner to approve medical marijuana research programs ([PA 16-23](#), effective October 1, 2016).

MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL

Existing law allows registered nurses to delegate the administration of non-injectable medications to homemaker-home health aides certified to administer medication. It also allows RCHs to employ a sufficient number of certified, unlicensed personnel to perform this function in accordance with DPH regulations.

A new law requires these homemaker-home health aides and RCH unlicensed personnel to be recertified every three years to continue to administer medication ([PA 16-66](#), §§ 33 & 34, effective October 1, 2016).

MISCELLANEOUS

Captive Professional Entities

A new law expands an existing definition of “captive professional entity” that applies to the medical foundation law and existing notice requirements for material changes to physician group practices ([PA 16-95](#), § 2, effective October 1, 2016).

Elder Abuse Reports

By law, DSS investigates reports of suspected elder abuse. But the results of the report are not always made available to the reporter. A new law requires the DSS commissioner to disclose an investigation’s general results to any mandated reporter who makes a report ([PA 16-149](#), effective July 1, 2016).

Funeral Service Contracts

Under a new law, the maximum allowable amount of an irrevocable funeral service contract increases from \$5,400 to \$8,000 ([PA 16-20](#), effective July 1, 2016).

Health Insurance Coverage for Tomosynthesis

A new law requires certain Connecticut health insurance policies to cover, at the option of the insured, mammograms provided by breast tomosynthesis. Breast tomosynthesis is a three-dimensional mammographic method. By law, such policies must cover baseline mammograms for

women age 35 through 39, and annual mammograms for women age 40 or older ([PA 16-82](#), effective January 1, 2017).

Hospice Zoning

Existing law requires local zoning regulations in cities with 100,000 or more residents to treat as single-family homes certain licensed inpatient hospice facilities serving up to six people. A new law extends this requirement to outpatient hospice residences. In addition to other existing conditions, it specifies that this requirement applies only if the residence was built in compliance with the applicable building code for occupancy by six or fewer people who are not capable of self-preservation ([PA 16-66](#), § 37, effective October 1, 2016).

MOLST Pilot Program

This session, the legislature extended the end date for DPH’s medical orders for life sustaining treatment (MOLST) pilot program, from October 1, 2016 to October 2, 2017 ([PA 16-66](#), § 8, effective upon passage).

Music and Art Therapists

A new law generally makes it a class D felony to represent oneself as a music or art therapist unless meeting certain certification and education requirements ([PA 16-66](#), §§ 35 & 36, effective October 1, 2016).

Notice of Referral to Affiliated Providers

By law, health care providers generally must give patients written notice when referring them to an affiliated provider who is not a member of the same partnership, professional corporation, or LLC as the referring provider. A new law eliminates a requirement that the notice include the website and toll-free phone number of the patient's health carrier to obtain certain information. Instead, it requires the notice to advise the patient to contact his or her carrier to obtain this information ([PA 16-95](#), § 3, effective July 1, 2016).

Optometrist Certifications

A new law allows optometrists to document vision-related information in a few situations that previously required a physician's documentation. (The act also extends this authority to APRNs.) ([PA 16-39](#), §§ 2, 58, 63, & 69, effective October 1, 2016).

Psychology Technicians

A new law allows psychology technicians with specified education and training to provide certain psychological testing services, if acting under a psychologist's supervision and direction ([PA 16-66](#), § 27, effective October 1, 2016).

Reporting of Impaired Health Professionals

Under existing law, physicians must notify DPH if they are aware that a physician or physician assistant (PA) may be unable to practice with skill and safety because he or she is impaired, and PAs must similarly notify DPH if another PA may be so impaired. A 2015 law created a parallel reporting requirement covering most other licensed or permitted health care professionals.

This year, the legislature specified that physicians and PAs are part of the reporting requirement covering most other health care professionals. The act also adds the following professions to this requirement: nursing home administrators, perfusionists, electrologists, and audiologists ([PA 16-66](#), § 3, effective October 1, 2016).

Reporting on Stab and Gunshot Wounds

Under a new law, hospitals, outpatient surgical facilities, and outpatient clinics must report to the police when they treat patients for serious stab wounds, just as they must already report treatment for gunshot wounds. Among other things, this law also (1) sets requirements for how these facilities must handle evidence related to either type of injury and (2) generally provides immunity for these facilities and their employees related to this reporting ([PA 16-90](#), effective October 1, 2016).

Tattooing Without a License

A new law makes it a class D misdemeanor to engage in tattooing without a license or temporary permit ([PA 16-66](#), § 2, effective October 1, 2016).

Veterans' Health Records

A new law prohibits certain health care providers and institutions from charging their patients, or authorized representatives, for copies of medical records necessary for supporting a claim or appeal relating to certain veterans benefits ([PA 16-109](#), effective upon passage).

OFFICE OF PROTECTION AND ADVOCACY FOR PERSONS WITH DISABILITIES

A recent federal report raised concerns about the Office of Protection and Advocacy for Persons with Disabilities (OPA) functioning as a state agency instead of an independent entity. To address these concerns, a new law eliminates OPA and the Board of Advocacy and Protection for Persons with Disabilities within the executive branch. It instead establishes the Connecticut protection and advocacy system, a nonprofit entity that the governor must designate by July 1, 2017 to serve as the state's protection and advocacy system and client assistance program ([PA 16-66](#), §§ 47-50, effective upon passage, except that the provision eliminating OPA and the board takes effect July 1, 2017).

OPIOID DRUG ABUSE

A new law includes various provisions intended to reduce opioid drug abuse and misuse. The act:

1. prohibits, with certain exceptions, a prescribing practitioner from issuing a prescription for more than a seven-day supply of an opioid to (a) an adult for the first time for outpatient use or (b) a minor;
2. requires municipalities to update their local emergency medical services (EMS) plans to ensure that certain first responders are equipped with an opioid antagonist (e.g., Narcan) and trained to administer it;
3. prohibits certain health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs;
4. expands existing immunity by allowing any licensed health care professional to administer an opioid antagonist to treat or prevent a drug overdose without civil or criminal liability;
5. makes various changes to the electronic prescription drug monitoring program, such as (a) expanding who may serve as a prescriber's authorized agent and (b) allowing veterinarians to report less frequently than other dispensers of controlled substances; and

6. requires the Public Health Committee chairpersons to establish a working group to study the issuance of opioid drug prescriptions.

It also makes changes affecting the (1) practice of auricular acupuncture, (2) scope of practice of alcohol and drug counseling, and (3) Alcohol and Drug Policy Council ([PA 16-43](#), various effective dates).

PHYSICIAN NON-COMPETE AGREEMENTS

Under the common law, courts consider various factors when determining whether a covenant not to compete is enforceable. A new law sets statutory limits on physician covenants not to compete, such as restricting them to no more than one year and a 15-mile radius from the physician's primary practice site. It also specifies circumstances when these covenants are unenforceable against the physician, such as when the employer terminates the employment without cause ([PA 16-95](#), § 1, effective July 1, 2016).

RIGHT TO TRY EXPERIMENTAL DRUGS

This session, the legislature passed a law allowing terminally ill patients, under specified conditions, to access medications and devices that are not approved for general use by the federal Food and Drug Administration (FDA) but have completed Phase 1 of an FDA-approved clinical trial. The act does not require manufacturers to provide these

drugs. It does not create a private cause of action against a treating physician for any harm caused by an investigational drug. It also prohibits DPH and the Medical Examining Board from disciplining physicians based solely on their recommendation to a patient to use an investigational drug, as long as the recommendation is consistent with medical standards of care ([PA 16-214](#), effective October 1, 2016).

TASK FORCES, BOARDS, COMMISSIONS, AND STUDIES

Ambulatory Surgical Centers – Study of Impact of Gross Receipts Tax

A new law requires the Office of Policy and Management secretary, in consultation with the revenue services and DSS commissioners, to study the impact of the gross receipts tax on ASCs and report the results to the Public Health and Finance committees by February 1, 2017 ([PA 16-3, May Special Session](#), § 197, effective upon passage).

Commission on Health Equity Eliminated

This year, the legislature eliminated the 32-member Commission on Health Equity. The commission had various responsibilities focused on eliminating disparities in health status based on race, ethnicity, gender, and linguistic ability ([PA 16-3, May Special Session](#), § 208, effective July 1, 2016).

Committee on the Practice of Naturopathy

A new law authorizes the DPH commissioner to establish a committee to consider the (1) qualifications necessary to allow naturopathic physicians to prescribe, dispense, and administer prescription drugs consistent with their scope of practice and (2) development of a naturopathic formulary of prescription drugs for naturopathic physicians with certain qualifications. If established, the committee must report its conclusions and recommendations to the Public Health Committee ([SA 16-3](#), effective upon passage).

Diabetes Advisory Council

A new law establishes this council within DPH to, among other things, analyze the current state of diabetes prevention, control, and treatment in Connecticut and recommend ways to enhance and support related programs ([PA 16-66](#), § 51, effective upon passage).

MAPOC Subcommittee on Complex Health Needs

A new law establishes a standing subcommittee within MAPOC to (1) study and make recommendations to the council on children and adults who have complex health needs and (2) advise the council on the specific needs of these children and adults.

The subcommittee must report on the efficacy of support systems for children and young adults age 21 or younger with developmental disabilities, with or without co-occurring mental health conditions ([PA 16-142](#), effective July 1, 2016).

Medical Records Task Force

A new law establishes a task force to study the furnishing of medical records by health care providers and institutions, such as the (1) time frame for responding to requests for records and (2) cost for research and copies in response to these requests. The task force must report its findings and recommendations to the Public Health Committee by January 1, 2017 ([PA 16-66](#), § 46, effective upon passage).

Nail Salon Working Group

A new law establishes a working group to consider matters relating to nail salons and nail technicians' services, such as licensure or certification standards for nail technicians ([PA 16-66](#), § 44, effective upon passage).

Urgent Care and Limited Service Health Clinics Study

Under a new law, the Health Care Cabinet may study the licensure of urgent care and limited service health clinics and report to the Public Health Committee. Any report submitted must

include recommendations for legislation to establish licensure categories for these clinics ([PA 16-95](#), § 4, effective upon passage).

Value-Based Pricing of Prescription Drugs Task Force

A new law establishes a task force to study value-based pricing of prescription drugs. A report on the task force's findings and recommendations is due to the General Law, Insurance, and Public Health committees by January 1, 2017 ([SA 16-18](#), effective upon passage).

Various Boards and Councils

A new law makes changes to various boards, panels, and councils. For example, it (1) removes the requirement that gubernatorial appointees to the Medical Examining Board undergo legislative confirmation; (2) adds the president of each of the five regional EMS councils, or their designees, to the EMS Advisory Board in place of a gubernatorial appointee from each council; and (3) requires regional EMS council bylaws to include a process for electing a president ([PA 16-185](#), §§ 6, 8, & 10-13, effective upon passage).

TELEHEALTH

Medicaid Coverage for Telehealth Services

A new law requires DSS to provide Medicaid coverage for telehealth services that the commissioner determines are (1) clinically appropriate to be provided via telehealth, (2) cost-

effective for the state, and (3) likely to expand access to care for certain Medicaid recipients. The act requires the DSS commissioner to seek a federal waiver or amend the state Medicaid plan to obtain federal reimbursement for the cost of covering these services ([PA 16-198](#), effective July 1, 2016).

Telehealth Providers

A new law adds licensed speech and language pathologists, respiratory care practitioners, and audiologists to the list of health care providers authorized to provide health care services using telehealth. Under the act, they must provide telehealth services within their profession's scope of practice and standard of care, just as other telehealth providers must under existing law ([PA 16-25](#), October 1, 2016).

VARIOUS REVISIONS

In addition to the sections described above, [PA 16-66](#), *An Act Concerning Various Revisions to the Public Health Statutes*, made minor changes on other matters, such as institutional licensing definitions, nurse-midwives, providers of physician continuing education, and dietitian-nutritionists.

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