

---

---

## OLR Bill Analysis

### sSB 921

#### ***AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES.***

#### **SUMMARY**

This bill adds advanced practice registered nurses (APRNs) to various statutes that currently only reference physicians or, in certain cases, other health care providers. In doing so, in some cases the bill grants APRNs the specific authority to perform certain actions that, under current law, are generally reserved for physicians, such as entering into a collaborative drug therapy management agreement with a pharmacist.

Among other topics, the bill's provisions address matters related to insurance, workers' compensation, and behavioral health. In a few cases, the bill's provisions apply only to APRNs who are certified as psychiatric mental health providers.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2019

#### **PROVISIONS EXTENDED TO INCLUDE APRNS**

The bill specifically references APRNs or makes related changes in the statutes as listed in Table 1. Current law generally only references physicians (or in some cases, other providers) in these statutes.

**Table 1: Statutory References Extended to APRNs Under the Bill**

<b>§</b>	<b><i>Brief Description</i></b>
	<b><i>Behavioral Health</i></b>
1	Allows certain APRNs to authorize emergency treatment for a child hospitalized for psychiatric disabilities if parental consent is withheld or immediately unavailable and the APRN determines that treatment is necessary to prevent serious harm  This provision applies only to an APRN certified as a psychiatric mental health provider by the American Nurses Credentialing Center (ANCC)

<b>§</b>	<b>Brief Description</b>
24 & 25	Applies the same rules to APRNs certified as psychiatric providers that currently apply to psychiatrists on confidentiality of patient communications; see BACKGROUND (currently, all APRNs must comply with CGS § 52-146o, on confidential communications between health care providers and patients)
<b>Workers' Compensation</b>	
2	Allows certain APRNs to diagnose a firefighter with post-traumatic stress disorder after the firefighter witnessed the death of another firefighter in the line of duty, for purposes of workers' compensation (current law already applies to licensed and board-certified mental health professionals)  This provision applies only to an APRN certified as a psychiatric mental health provider by the ANCC
3-4 & 6	Allows APRNs to treat injured employees involved in workers' compensation cases by (1) specifically allowing the Workers' Compensation Commission Chairman to add APRNs to the list of approved providers and (2) making related changes
5	Allows APRNs to conduct physical exams for municipal firefighters and police officers on entry to service that may be used in future workers' compensation claims involving cardiac emergencies
<b>Health Insurance</b>	
7	Prohibits contracts between insurers and APRNs from having an indemnification agreement for specified claims
8	Requires health insurers to cover mental health services, including residential treatment, provided by APRNs in the same manner as those provided by physicians, and makes related changes  Specifies that an APRN's patient referral provides an exception to the general rule that HMOs are not required to provide benefits for mental health services at facilities not affiliated with the HMO
9 & 12	Allows APRNs to diagnose significant changes in a patient's diabetes symptoms, for purposes of requiring insurers to cover medically necessary diabetes outpatient self-management training and education
10	Updates terminology and makes technical changes in a statute requiring health insurers to cover APRN services
18	Allows APRNs to order neuropsychological testing of a child with cancer to assess cognitive or development delays due to treatment, for purposes of providing coverage under HUSKY without prior authorization
<b>Health Care Facility Admissions</b>	
16	Allows APRNs to apply for a child's admission to Newington Children's Hospital (now Connecticut Children's Medical Center) and APRNs working at the hospital to determine whether the child is suitable for admission
17	Allows APRNs to apply for a child's admission to The Children's Center in Hamden, and APRNs working at the center to determine whether the child is suitable for admission
<b>Medical and Vital Records</b>	
11 & 13	Specifies that patient mammography reports must inform patients that their results were sent to their APRN or physician and that the patient should contact them with questions
14	Specifies that, for purposes of the law on patients applying to court for access to their hospital records, a patient's APRN may examine the records

<b>§</b>	<b>Brief Description</b>
15	Allows APRNs to access the “administrative purposes” section of a death certificate to process it, if the APRN is listed on the certificate
<b>Miscellaneous</b>	
19	Adds APRNs to the groups to whom the Department of Public Health (DPH) commissioner must distribute the department’s list of reportable diseases
20	Allows APRNs to apply for services to be performed at DPH state laboratories
21	Allows APRNs to access and request tissue slides on a patient’s behalf
22 & 23	Allows APRNs to enter into a written protocol-based collaborative drug therapy management agreement with a pharmacist to manage individual patients’ drug therapy
26	Applies to APRNs the existing statute of limitations for malpractice actions against physicians or certain other providers (the same statute of limitations already applies to personal injury cases generally, so this provision does not change the statute of limitations for malpractice cases against APRNs)

## **BACKGROUND**

### ***Psychiatrists’ Disclosure of Patient Communications***

Existing law generally prohibits a psychiatrist from disclosing communications concerning a patient’s mental health condition without the written consent of the patient or his or her authorized representative. But the law permits disclosure without consent in certain situations, such as:

1. to other people or another mental health facility engaged in diagnosing or treating the patient, if the disclosure is necessary for diagnosis or treatment;
2. when the psychiatrist determines that there is a substantial risk of imminent physical injury by the patient, or disclosure is necessary to place the patient in a mental health facility; or
3. the disclosure is in connection with a civil proceeding in which the patient introduces his or her mental condition as part of his or her claim or defense (CGS § 52-146f).

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 21      Nay 0      (03/22/2019)