



Acts Affecting Health Professions

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Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting health professions enacted during the 2019 regular session. OLR's other Acts Affecting reports, including Acts Affecting Insurance, are, or will soon be, available on OLR's website:

<https://www.cga.ct.gov/olr/actsaffecting.asp>.

Each summary indicates the public act (PA) or special act (SA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden.

Complete summaries of public acts are, or will soon be, available on OLR's website:

<https://www.cga.ct.gov/olr/olrsums.asp>.

The report generally includes acts that affect the licensure and scope of practice of health care professionals, regulation of health care facilities, and the delivery of health care services.

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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Behavioral Health

Acquittee Images and Recordings

A new law establishes conditions under which the Department of Mental Health and Addiction Services (DMHAS) must provide the attorney for an acquittee (i.e., a person found not guilty of a crime by reason of mental disease) the right to review certain images or recordings of the acquittee that were taken at a DMHAS inpatient facility. Among other conditions, the acquittee, and any other identifiable patient in the image or recording, must consent to the disclosure ([PA 19-151](#), § 2, effective upon passage).

Behavioral Health Facility Reportable Events

Existing law requires nursing homes to electronically report “reportable events” to the Department of Public Health (DPH) using a reporting system the department develops. A new law extends this requirement to behavioral health facilities ([PA 19-118](#), § 41, effective July 1, 2019).

Community Residences for Mental Illness

A new law repeals a requirement that DMHAS evaluate community residences for individuals with mental illness twice a year and send the review to DPH upon request. These facilities remain subject to DPH licensure requirements ([PA 19-118](#), § 78, effective July 1, 2019).

DMHAS and Criminal Defendants

A new law codifies existing practice by allowing DMHAS, without going to court, to involuntarily medicate certain criminal defendants in its custody who were found incompetent to stand trial and who are unable or unwilling to consent to medication to treat their psychiatric disabilities. The act applies only if obtaining consent would cause a medically harmful delay to such a patient with a condition of an extremely critical nature, as determined by personal observation of a physician or the senior clinician on duty ([PA 19-99](#), effective upon passage).

Multicare Institutions

A new law modifies the definition of “multicare institution” to include hospitals that provide behavioral and other health care services (e.g., walk-in clinics). It also requires these hospitals to provide DPH with a list of their satellite units when completing an initial or renewal license application. The act also specifies that multicare institutions’ services may include methadone delivery and related substance use treatment services to individuals in nursing homes ([PA 19-118](#), §§ 5 & 6, effective July 1, 2019).

Dental Professionals

Dental Assistants

A new law gives dental assistants more time to pass an infection control examination, by extending from nine to 15 months the allowable period of on-the-job training to prepare for the examination. The act allows dental assistants, as an alternative to the examination, to fulfill this requirement by completing an infection control competency assessment administered by a program meeting certain standards. It also adds to the list of procedures that dentists may delegate to expanded function dental assistants ([PA 19-56](#), § 13, effective July 1, 2019).

Dental Hygienists

In addition to provisions on certain hygienists practicing as dental therapists (see below), a new law allows dental hygienists to (1) take impressions of teeth for certain purposes under a dentist's indirect supervision; (2) substitute eight hours of volunteer practice at temporary dental clinics for one hour of continuing education, within certain limits; and (3) if they have two years' experience, practice without a dentist's general supervision at a temporary dental clinic ([PA 19-72](#), §§ 7-9, effective January 1, 2020).

Dentist Provider Contracts and Fee Schedules

A new law extends to dentists the same provider contract requirements and transparency provisions that already apply to other health care providers. In doing so, it requires a contracting health organization to give dentists with whom it contracts certain fee information. It prohibits a contracting health organization from making material changes to a dentist's fee schedule except when and as specified in the act ([PA 19-155](#), effective January 1, 2020).

Dentists

Among other provisions concerning dentists, a new law (1) establishes a one-year clinical residency as a standard requirement for dentist licensure; (2) for dentists completing a practical examination instead of a residency, eliminates examinations with human subjects by July 1, 2021; (3) allows dentists to substitute eight hours of volunteer practice at temporary dental clinics for one hour of continuing education, within certain limits; and (4) allows dentists to administer finger-stick diabetes tests to patients who have increased risk of diabetes but who have not been diagnosed with diabetes ([PA 19-72](#), §§ 1-3, 6, & 11, effective January 1, 2020, except July 1, 2019 for the diabetes provision).

Dental Therapists

A new law establishes a dental therapist designation for dental hygienists who meet certain certification, education, clinical training, and examination requirements. Among other requirements, dental therapists must work pursuant to a collaborative agreement with a dentist, and their practice is limited to public health settings. Another new law specifies when DPH may take disciplinary action against dental therapists and requires the Public Health Committee chairpersons to convene a working group to advise the committee on DPH licensure of dental therapists ([PA 19-56](#), § 14, and [PA 19-72](#), §§ 4-5 & 10, effective January 1, 2020, except July 1, 2019, for the working group provision).

Emergency Medical Services (EMS)

EMS and Mobile Integrated Health

This session, the legislature made various changes to laws affecting EMS and related services. Among other things, a new law:

1. starting January 1, 2020, and within available appropriations, allows DPH to authorize an EMS organization to establish a mobile integrated health program under the organization's existing license or certification, and prohibits EMS organizations from providing a mobile integrated health program without DPH approval;
2. generally makes patients who receive nonemergency services from a mobile integrated health care program liable for reasonable and necessary service costs;
3. allows a licensed or certified EMS organization or provider to transport patients by ambulance to alternate destinations (i.e., medically appropriate facilities other than emergency departments) in consultation with the medical director of a sponsor hospital;
4. allows a volunteer, hospital-based, or municipal ambulance service to apply to DPH to add a branch location to their primary service area using a short-form application instead of requiring an automatic hearing; and
5. adds paramedics to the list of health care providers authorized to provide telehealth services ([PA 19-118](#), §§ 19, 46-57, 59-61, & 64-69, effective July 1, 2019).

EMS Personnel Credentialing

New laws make various changes to the credentialing of certain EMS personnel. Among other things, the new laws require:

1. starting January 1, 2020, applicants for a paramedic license or an emergency medical technician (EMT), advanced EMT, or emergency medical responder (EMR) certificate to complete specific mental health first aid training;
2. starting January 1, 2020, EMR, EMT, or advanced EMT certification applicants to obtain certification from a national organization; and
3. EMRs, EMTs, advanced EMTs, and EMS instructors to renew their certifications every two years, rather than every three years ([PA 19-118](#), § 58, effective July 1, 2019, and [PA 19-191](#), § 10, effective October 1, 2019).

Examination of Possible Workers' Compensation Benefit Expansion

Under a new law, police officers and firefighters may receive certain workers' compensation benefits for post-traumatic stress disorder (PTSD) caused by "qualifying events," such as seeing someone's death while in the line of duty. The act additionally requires the Labor and Public Employees Committee to examine the feasibility of expanding the act's PTSD benefits to EMS personnel and Department of Correction employees ([PA 19-17](#), § 11, effective July 1, 2019).

First Responder Training

A new law expands the access of first responders, including EMS personnel, to training on handling incidents involving children and adults with autism spectrum disorder, nonverbal learning disorder, and cognitive impairment. It also requires the UConn Center for Excellence in Developmental Disabilities to develop and publish on its website a communication aid for certain first responders to use to communicate with individuals with these conditions during emergencies when verbal communication may be hindered or impossible ([PA 19-147](#), most provisions effective July 1, 2019).

Property Tax Abatement

A new law increases the maximum property tax abatement municipalities may, by ordinance, provide to certain active and retired volunteer emergency personnel (including certain EMS personnel) from \$1,000 to \$1,500 for FYs 20 and 21, and from \$1,500 to \$2,000 for FY 22 and thereafter ([PA 19-36](#), effective July 1, 2019).

Protection of Confidential Communications with Peer Support Team Members

A new law generally protects the confidentiality of communications between first responders (including EMS personnel) and members of an employer-provided peer support team. The act generally prohibits a peer support team member from disclosing any confidential communications or records unless the first responder waives the privilege ([PA 19-188](#), effective October 1, 2019).

Health Care Facilities

Hospital Provider Tax

A new law eliminates a scheduled reduction in the hospital tax rates on inpatient and outpatient services by maintaining the rates at FY 19 levels but requiring the base year for calculating the tax to be adjusted each biennium. Among other things, the new law also requires the Department of Social Services (DSS) commissioner to issue refunds if he determines for any fiscal year that the effective hospital tax rate exceeds the rate permitted under federal law ([PA 19-117](#), § 356, effective upon passage).

Interpreters for the Deaf and Hard of Hearing

Existing law generally requires interpreters to meet certain minimum credential requirements for general settings and additional requirements for medical settings. A new law generally broadens and clarifies the list of medical settings in which these additional requirements apply ([PA 19-170](#), effective July 1, 2019).

Malnutrition Data

A new law requires DPH, as part of its quality of care program for licensed health care facilities, to develop recommendations on collecting and analyzing data on patient malnutrition to improve quality of care ([PA 19-157](#), § 100, effective July 1, 2019).

Newborn Screening

A new law expands DPH's Newborn Screening Program to include any disorder listed on the federal Recommended Uniform Screening Panel, subject to the Office of Policy and Management secretary's approval ([PA 19-117](#), § 148, effective October 1, 2019).

Another new law requires health care institutions caring for newborn infants to test them as soon as is medically appropriate for spinal muscular atrophy, unless a parent objects based on religious grounds ([PA 19-176](#), effective October 1, 2019).

Outpatient Clinic Inspections

A new law extends, from every three years to every four years, how frequently certain outpatient clinics must be inspected. This applies to clinics that have obtained accreditation from a national accrediting organization in the preceding 12 months, provided the clinic has not committed any violation that the commissioner determines would pose an immediate threat to patients. The act does not limit the commissioner's authority to inspect any outpatient clinic for initial licensure or

renewal, suspend or revoke any such clinic's license, or take any other authorized legal action against a clinic ([PA 19-118](#), §§ 5 & 42, effective July 1, 2019).

Ownership Changes

Under existing law, certain changes in ownership of residential care homes are subject to prior DPH approval after a scheduled inspection by the department. A new law (1) increases the facilities subject to such prior approval to include all DPH licensed facilities and (2) extends the deadline for providing notice to the department, from 90 to 120 days in advance of the effective date of the proposed ownership change ([PA 19-118](#), § 5, effective July 1, 2019).

Trauma Activation Fee Reporting

Under existing law, general and children's hospitals must annually report certain information to the Office of Health Strategy's (OHS) Health Systems Planning Unit. A new law additionally requires these hospitals to report information that OHS prescribes concerning trauma activation fee charges (these are fees hospitals may charge when they assemble physicians and other staff to respond to serious injuries) ([PA 19-117](#), § 245, effective October 1, 2019).

Health Insurance

Carrier Contracts Disclosure Provisions

A new law prohibits a health carrier contract from containing a provision that prohibits or penalizes the disclosure of certain information to an insured concerning covered benefits, including through increased utilization review, reduced payments, or other financial disincentives. This includes information about a covered benefit's cost and cash price and the availability, cost, and cash price of any therapeutically equivalent service or product ([PA 19-117](#), § 238, effective January 1, 2020).

Carrier or Pharmacy Benefit Manager Recoupments

Beginning January 1, 2020, a new law prohibits a contract between a health carrier or pharmacy benefit manager (PBM) and a pharmacy or pharmacist from allowing the carrier or PBM to recoup, directly or indirectly, any portion of a claim that was paid to the pharmacy or pharmacist. However, the law excludes any payments made due to a pharmacy audit or authorized by another applicable law ([PA 19-199](#), § 1, effective October 1, 2019).

Laboratories and Surprise Billing

A new law broadens the definition of a "surprise bill" for health insurance purposes by including a bill for non-emergency services rendered by an out-of-network clinical laboratory if the insured was

referred by an in-network provider. In doing so, it requires health carriers to cover any such services resulting in a surprise bill at the in-network level of benefits ([PA 19-117](#), § 240, effective January 1, 2020).

Ophthalmologist Provider Contracts and Non-Covered Services

A new law prohibits a provider contract between a health carrier and an ophthalmologist from requiring the ophthalmologist to accept as payment an amount the carrier sets for services, procedures, or products that are not covered benefits under an insurance policy or benefit plan. It prohibits an ophthalmologist from charging patients more than his or her usual and customary rate for such non-covered services, procedures, or products. It also requires ophthalmologists to post, in a conspicuous place, a notice stating that such non-covered services, procedures, or products might not be offered at a discounted rate ([PA 19-201](#), effective January 1, 2020).

For other provisions affecting health insurance, please see OLR Report 2019-R-0141.

Health Professionals

Advanced Practice Registered Nurses (APRNs)

A new law adds APRNs to various statutes that previously only referenced physicians or, in certain cases, other health care providers. In doing so, in some cases the act grants APRNs the specific authority to perform certain actions that, under prior law, were generally reserved for physicians, such as entering into a collaborative drug therapy management agreement with a pharmacist. A few provisions apply only to APRNs who are certified as psychiatric mental health providers ([PA 19-98](#), effective October 1, 2019).

Under existing law, APRNs who have received specified training can, under certain conditions, issue emergency certificates authorizing people with a psychiatric disability to be hospitalized for up to 72 hours for examination. Under another new law, APRNs employed by the Department of Correction to provide mental health care at correctional facilities may similarly issue such emergency certificates for prison inmates with psychiatric disabilities ([PA 19-117](#), § 96, effective July 1, 2019).

AED Malfunctioning and Civil Immunity

A new law extends immunity from civil liability to physicians, dentists, and nurses who operate an automatic external defibrillator (AED) for damages for personal injuries caused by the AED's malfunctioning, if the malfunctioning was not due to the provider's negligence ([PA 19-113](#), effective October 1, 2019).

Art Therapist Licensure

A new law creates a DPH licensure program for art therapists and generally prohibits unlicensed individuals from using the “art therapist” title. Subject to certain conditions, the act does not restrict the activities of (1) people licensed or certified by nationally recognized organizations and (2) art therapy students. The new law replaces prior provisions that generally made it a crime to represent oneself as an art therapist without first completing certain education and certification requirements ([PA 19-117](#), §§ 176-182, effective October 1, 2019).

Community Health Worker Certification

A new law creates a community health worker certification program administered by DPH. Starting January 1, 2020, it prohibits anyone from using the title “certified community health worker” unless they obtain this certification. The act also establishes a 14-member Community Health Worker Advisory Body within OHS to, among other things, advise OHS and DPH on education and certification requirements for community health worker training programs ([PA 19-117](#), §§ 160 & 161, effective January 1, 2020).

Continuing Education

A new law specifically allows physicians’ risk management continuing education to address screening for inflammatory breast cancer and gastrointestinal cancers, including colon, gastric, pancreatic, and neuroendocrine cancers and other rare gastrointestinal tumors. It applies to license registration periods starting on or after October 1, 2019 ([PA 19-45](#), effective July 1, 2019).

Another new law makes changes concerning physician and APRN continuing education for mental health conditions. Generally, the act specifies that their continuing education may include specified hours of training on diagnosing and treatment cognitive conditions, such as dementia, and other mental health conditions ([PA 19-115](#), effective upon passage).

Marital and Family Therapist Associate License

A new law creates an associate licensure category for marital and family therapists that allows them to practice under professional supervision while pursuing full licensure. To qualify for an associate license, the applicant must meet certain educational and clinical training requirements. The license is valid for two years and may be renewed once ([PA 19-117](#), §§ 168-174, effective October 1, 2019).

Physical Therapist Board

A new law adds a third physical therapist and removes the physician member from the five-member Board of Examiners for Physical Therapists. In practice, the physician spot is currently vacant ([PA 19-118](#), § 62, effective July 1, 2019).

Physician Assistants

A new law defines a physician assistant's (PA) relationship with a physician as collaborative instead of dependent, as under prior law. But as under existing law, PAs must provide patient care under the supervision, control, responsibility, and direction of a physician ([PA 19-144](#), effective July 1, 2019).

Professional Counselor Associate License

A new law creates an associate licensure category for professional counselors that allows them to practice under professional supervision while pursuing full licensure. To qualify for an associate license, the applicant must meet certain educational and clinical training requirements ([PA 19-117](#), §§ 162-167 & 175, effective October 1, 2019).

Social Workers

A new law generally prohibits anyone from using the title "social worker" or advertising services as a social worker unless he or she (1) has a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education (CSWE); (2) a doctorate in social work; or (3) if educated outside of the country, completed an education program CSWE deems equivalent. The act exempts from the prohibition (1) state employees with the title social worker and (2) municipal employees with this title hired before July 1, 2019 ([PA 19-164](#), effective October 1, 2019).

Veterinarians

A new law clarifies the scope of the existing exemption from veterinarian licensure for educational institutions and their employees, students, and other associated people engaged in related research or studies ([PA 19-118](#), § 76, effective July 1, 2019).

Another new law requires, rather than authorizes, an animal control officer to quarantine, for 10 days, a dog, cat, or ferret that has bitten or attacked a person or animal. It allows the animal to be quarantined on its owner's or keeper's premises under certain conditions, including for medical necessity as determined by a veterinarian. On the 10th day, the state veterinarian or his designee

must examine the animal to determine whether to continue or end the quarantine ([PA 19-197](#), effective July 1, 2019).

Voluntary Surrender of License Outside of State

A new law allows DPH and health care practitioner licensing boards or commissions to take disciplinary action against a practitioner who voluntarily surrendered or entered into an agreement not to renew or reinstate his or her license or permit in another jurisdiction ([PA 19-118](#), § 7, effective July 1, 2019).

Local Health Departments

Local Health Payment Reductions

A new law requires DPH to reduce, on a proportional basis, payments to municipal and district health departments if the payments in a fiscal year exceed the amount appropriated for that year ([PA 19-117](#), §§ 76 & 77, effective July 1, 2019).

Model Food Code Implementation

A new law extends by one year, until January 1, 2020, the date by which DPH must adopt the federal Food and Drug Administration's Model Food Code as the state's food code for regulating food establishments ([PA 19-118](#), § 23, effective July 1, 2019).

Long-Term Care

Background Check Program

By law, DPH administers a background check program for direct care employees and volunteers of long-term care facilities. A new law expands the list of disqualifying offenses that prohibit someone from being hired as such an employee or volunteer to include convictions for specified assault and abuse crimes against the elderly and individuals with disabilities ([PA 19-116](#), effective October 1, 2019).

DSS Fair Hearings

A new law requires DSS to ordinarily render a final decision in a fair hearing within 90 days after receiving a hearing request, instead of generally 60 days as under prior law. The new law also allows DSS to extend final decision deadlines in certain cases. The act specifies that the department's failure to render a decision within these time limits cannot be deemed an approval on the merits of the aggrieved person's requested relief. In these cases, the requester can file a

request for a final decision with the hearing officer, who must render the decision within 20 days of receiving the request ([PA 19-117](#), § 309, effective upon passage).

DSS Rate Setting

The biennial budget act makes several changes to payment rates established by DSS for long-term care facilities. Among other things, it:

1. generally caps FY 20 nursing home rates at FY 19 levels and FY 21 rates at FY 20 levels, but allows for fair rent increases in some circumstances;
2. requires DSS to increase nursing homes rates, within available appropriations, to enhance employee wages and benefits three times by January 1, 2021;
3. generally freezes rates for residential care homes, DDS community living arrangements, and intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs);
4. for residential care homes that do not receive the flat rate, caps rates at FY 19 levels, with exceptions for proportional fair rent increases in certain circumstances; and
5. as of January 1, 2020, eliminates references to DDS community companion homes from the flat rate structure for residential services ([PA 19-117](#), §§ 285 and 293-302, most provisions effective July 1, 2019).

Facility Closures

By law, ICF-IIDs, nursing homes, rest homes, and residential care homes must generally apply to DSS to terminate a service or substantially decrease their bed capacity through the department's certificate of need process. A new law allows these facilities to submit a petition for closure to DSS and allows DSS to authorize the closure if certain requirements are met ([PA 19-117](#), § 304, effective July 1, 2019).

Nursing Home Property Tax Exemption

A new law makes technical changes to conform to a 2016 law that created separate definitions for "nursing home facility" and "residential care home" for institutional licensing purposes. Among other things, these technical changes specify that nonprofit nursing homes, not just residential care homes, meeting certain requirements are exempt from property taxes ([PA 19-118](#), § 70, effective upon passage).

Nursing Home Staffing Levels and Whistleblower Protections

A new law requires nursing homes to calculate and publicly post, on a daily basis, information related to the number of APRNs, registered nurses, licensed practical nurses, and nurse's aides

responsible for providing direct care to residents. It also authorizes DPH to take disciplinary action or issue a citation against a nursing home that substantially fails to comply with the minimum direct care staffing requirements (currently, 1.9 hours of direct nursing staff per resident per day).

Additionally, the new law expands whistleblower protections for nursing home and residential care home employees, residents, and their legal representatives who file complaints or testify in administrative proceedings against a home, including about staffing levels ([PA 19-89](#), effective October 1, 2019).

Prohibiting Certain Non-Compete Agreements

A new law prohibits contracts for homemaker, companion, or home health services from including a covenant not to compete (i.e., a contract provision restricting an individual's right to provide services in any geographic area of the state or to a specific person) ([PA 19-117](#), § 305, effective upon passage).

Receiverships for Nursing Homes and Residential Care Homes

A new law requires receivers operating a nursing home or residential care home to immediately begin closing the facility if (1) its overall occupancy is below 70% and (2) the closure is consistent with the state's strategic rebalancing plan. The act also adjusts related deadlines and increases, from \$3,000 to \$10,000, the amount receivers can spend to correct or eliminate certain deficiencies in a facility's structure or furnishing ([PA 19-117](#), § 303, effective July 1, 2019).

User Fee on ICF-IIDs

Under a new law, the user fee for ICF-IIDs increases from \$27.26 to \$27.76. Each facility's total fee is the product of its total resident days during the quarter, multiplied by the user fee ([PA 19-117](#), § 357, effective upon passage).

Medicaid

Hospital Medicaid Rates and Supplemental Payments

The biennial budget act requires DSS to change how it determines Medicaid rates and Medicaid supplemental payments for hospitals by implementing value based payment methodologies and decreasing payments by 15% when a patient is readmitted. The act also requires DSS to allocate, within available appropriations, certain supplemental payments to hospitals based on each one's performance on quality measures established by DSS (\$15 million in FY 20 and \$45 million in FY 21).

It eliminates a requirement that funds for FY 20 supplemental payments total \$166.5 million. The act also requires DSS to adjust hospital payments to ensure that no Medicaid payments are made to hospitals that are not eligible for federal financial participation (i.e., federal matching funds).

Additionally, the act requires the DSS commissioner to provide an inpatient Medicaid rate of \$975 per day to Natchaug Hospital for FY 21 ([PA 19-117](#), §§ 306, 307, & 315, most provisions effective July 1, 2019).

HUSKY A Medicaid Eligibility

By law, DSS provides Medicaid coverage to children under age 19 and their parents or caretaker relatives through HUSKY A. The biennial budget act expands HUSKY A eligibility by raising the income limit for non-pregnant adults (i.e., parents or caretaker relatives) from 150% of the federal poverty limit (FPL) to 155% of FPL ([PA 19-117](#), § 316, effective October 1, 2019).

Medicaid Telehealth

Prior law required DSS to provide telehealth coverage, within available state and federal resources, for categories of health care services that the commissioner determined were (1) clinically appropriate, (2) cost effective, and (3) likely to expand access. A new law removes the availability of state and federal resources as a condition for providing such telehealth coverage. It specifies that there must be a clinical need for telehealth in determining health care categories likely to expand access for Medicaid recipients.

Under the act, the commissioner may provide coverage of telehealth services regardless of any state regulations that would otherwise prohibit it. The act also requires the commissioner to report to the Human Services and Public Health committees by August 1, 2020, on (1) the health care categories utilizing telehealth services, (2) the cities or regions where the services are being offered, and (3) any cost savings realized by the state ([PA 19-76](#), effective July 1, 2019).

Methadone Maintenance Provider Medicaid Rates

The biennial budget act requires the DSS commissioner to amend the state Medicaid plan to provide an \$88.52 minimum weekly reimbursement rate for a Medicaid beneficiary's methadone maintenance treatment from chemical maintenance providers but also makes such rates contingent on meeting certain performance measures beginning July 1, 2020. The act also lowers rates for providers who fail to meet certain standards ([PA 19-117](#), § 311, effective July 1, 2019).

Mobile Dental Clinics

A new law authorizes DSS to reimburse a mobile dental clinic for dental services provided to Medicaid beneficiaries within 30 miles of the associated dentist's fixed location. The act extends the reimbursable service area to a 50-mile radius for mobile dental clinics located in New London, Litchfield, and Windham counties ([PA 19-149](#), effective upon passage).

Miscellaneous

CPR and First Aid Certification and Training

A new law adds to the list of organizations that may certify or train people in cardiopulmonary resuscitation (CPR) or first aid for various purposes. For example, the act applies to (1) provisions in the Good Samaritan law on civil immunity for EMS personnel and certain others when providing emergency first aid and (2) the required basic first aid certification for tattoo technicians ([PA 19-105](#), effective July 1, 2019).

Esthetician and Nail and Eyelash Technician Licensure

A new law establishes licensing requirements for estheticians, nail technicians, and eyelash technicians. It generally requires (1) estheticians and eyelash technicians to get a DPH license by July 1, 2020, and (2) nail technicians to get a license by January 1, 2021. Among other things, the new law also subjects businesses offering esthetician and eyelash technician services to an annual local health inspection that is already required for nail technician services ([PA 19-117](#), §§ 191-206, most provisions effective January 1, 2020).

Funeral Service Contracts

A new law increases, from \$8,000 to \$10,000, the maximum allowable amount of an irrevocable funeral service contract. It also requires that these contracts provide that after the required services are performed, any remaining funds must first be used to pay the state for the amount of public assistance it provided to the decedent or his or her dependent child ([PA 19-57](#), § 1, effective January 1, 2020).

HIV Prophylaxis for Minors

Under a new law, physicians and APRNs may provide prophylaxis (i.e., preventative medicine other than a vaccine) to minors for HIV without parental or guardian consent, under the same conditions in which they may already treat minors for HIV or AIDS. They may do so only after determining that (1) notifying them would result in denial of such prophylaxis or (2) the minor will not pursue or continue the prophylaxis if the parents or guardian are notified.

Under the act, if the minor is age 12 or younger and receiving such prophylaxis or treatment without parental or guardian consent, the physician or APRN must report to the Department of Children and Families for an investigation of possible abuse or neglect ([PA 19-109](#), effective July 1, 2019).

LGBTQ Health and Human Services Network

A new law establishes a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Health and Human Services Network to make recommendations to the state legislative, executive, and judicial branches concerning health and human services delivery to LGBTQ people in the state. The network's charge includes working to build a safer and healthier environment for LGBTQ people. The act also requires DPH, within available appropriations, to (1) assist the network with conducting a needs analysis concerning health and human services for LGBTQ people and (2) award grants to organizations that further the network's mission ([PA 19-117](#), §§ 207 & 208, effective July 1, 2019).

Sexual Assault Forensic Examiner Program

This year, the legislature made various changes to the Office of Victim Services' (OVS) Sexual Assault Forensic Examiner (SAFE) program. Among other things, a new law (1) expands the types of health care providers that may become sexual assault forensic examiners and requires them to complete certification requirements implemented by the Chief Court Administrator; (2) modifies the types of health care facilities where sexual assault forensic examinations take place; and (3) reinstates the SAFE Advisory Committee and requires it to recommend to OVS policies and procedures for the SAFE program ([PA 19-114](#), as amended by [PA 19-118](#), §§ 43 & 44, effective July 1, 2019).

Pharmacy and Prescription Drugs

Compounding Pharmacies

A new law requires compounding pharmacies to designate a pharmacist responsible for overseeing compounding activities. The designated individual must have completed a Department of Consumer Protection (DCP)-approved program for demonstrating competence in compounding sterile pharmaceuticals in compliance with federal and state laws. The new law also requires compounding pharmacies to comply with additional chapters of the most recent version of the United States Pharmacopeia and any companion documents ([PA 19-177](#), § 28, effective January 1, 2020).

Enforcement Activities

Under a new law, state-licensed pharmacies must report to DCP any administrative or legal action initiated against them by a state or federal regulatory agency or accreditation entity within 10 business days after receiving notice of the action ([PA 19-177](#), § 29, effective upon passage).

EpiPens

A new law allows an authorized entity (e.g., for-profit or non-profit entity) to acquire and maintain a supply of epinephrine auto-injectors (e.g., EpiPens) and provide or administer them to a person experiencing an anaphylactic reaction. To do this, the entity must (1) establish a medical protocol with a prescribing practitioner and (2) have at least one employee or agent trained in recognizing the signs and symptoms of anaphylaxis, administering the medication, and following emergency protocol.

The new law generally grants immunity from civil or criminal liability to prescribing practitioners, authorized entities, and trained employees who follow the required procedures. It also extends the same immunity to the state and its employees who provide or administer epinephrine auto-injectors to someone experiencing anaphylaxis, provided the employees meet the training requirements ([PA 19-19](#), as amended by [PA 19-118](#), § 63, effective upon passage).

Opioid Antagonists in AED Cabinet

Under certain conditions, a new law grants civil immunity to individuals or entities that provide or maintain an AED in a cabinet which also contains an opioid antagonist (e.g., Narcan) used for drug overdoses. Under this new law, they are not liable for ordinary negligence for their acts or omissions in making the opioid antagonist available ([PA 19-169](#), effective October 1, 2019).

Opioid Drug Abuse

A new law includes several provisions aimed at addressing opioid use disorder and related issues. For example, it:

1. requires prescribing practitioners who prescribe an opioid drug for more than a 12-week supply to establish a treatment agreement with the patient or discuss a care plan for chronic opioid drug use;
2. requires hospitals, starting January 1, 2020, to administer a mental health screening or patient assessment on patients treated for a nonfatal opioid drug overdose, and provide the results to the patient or certain other individuals, if it is medically appropriate to do so;
3. generally requires (a) treatment programs to educate patients with opioid use disorder on opioid antagonists and how to administer them, and offer such education to the patient's

relatives and significant other and (b) affiliated prescribers to provide a prescription for at least one dose of an opioid antagonist to a patient the prescriber determines would benefit from it; and

4. requires DMHAS, in collaboration with DPH and other relevant entities, to study the protocol for the police detaining people whom they suspect of having experienced an opioid overdose and the implications of involuntarily transporting people who overdosed to emergency rooms and referring them to recovery coaches ([PA 19-191](#), §§ 1 & 2, most provisions effective October 1, 2019).

Prescription Consultations

As part of a new law aimed at addressing opioid use disorder (see above), a provision generally requires pharmacists to offer consultations to all patients when dispensing a prescription, not just Medicaid patients as under prior law ([PA 19-191](#), §§ 1 & 2, effective October 1, 2019).

Prescription Monitoring and Reporting System

Under a new law, pharmacists may designate a trained pharmacy technician to access the state's prescription monitoring and reporting system on their behalf. The pharmacist must train the designated technician on how to access the system and supervise him or her. The supervising pharmacist may be subject to disciplinary action for the technician's actions ([PA 19-191](#), § 3, effective upon passage).

Smoking and Vaping

Smoking and Vaping Age

A new law increases the legal smoking age from 18 to 21 for cigarettes, other tobacco products, and electronic cigarettes. The act makes various other changes to smoking laws, such as (1) increasing certain penalties for sales involving individuals under the legal age and (2) requiring dealers who sell e-cigarettes through online sales to obtain the signature of a person age 21 or older at the shipping address before delivery and to require the signer to show proof of age ([PA 19-13](#), effective October 1, 2019).

Task Forces, Boards, Councils, and State Plans

Adults with Intellectual Disability Task Force

A new law extends by one year, until January 1, 2020, the reporting deadline for the task force on the needs of and services for adults with intellectual disability. The group must report to the Public Health Committee ([PA 19-56](#), § 12, effective upon passage).

Council on Protecting Women’s Health

A new law establishes a 20-member Council on Protecting Women’s Health to advise the Public Health and Insurance committees on strategies and any necessary legislative changes to ensure that the federal government does not impede the provision of health care to women in Connecticut. The council must meet at least quarterly and, starting by January 1, 2020, annually submit a status report to the committees ([PA 19-70](#), effective July 1, 2019).

DPH Chronic Disease Plan

By law, DPH must consult with OHS and local health departments to develop and implement a statewide chronic disease plan. This year, a new law modifies the plan’s required components by specifically requiring the plan, among other things, to reduce the incidence of tobacco use, high blood pressure, health care associated infections, asthma, and unintended pregnancy ([PA 19-118](#), § 21, effective July 1, 2019).

Motor Vehicle Operator’s License Medical Advisory Board Nominations

By law, the Motor Vehicle Operator's License Medical Advisory Board advises the Department of Motor Vehicles (DMV) commissioner on the medical aspects and concerns of licensing motor vehicle operators. A new law removes the requirement that the DMV commissioner’s board appointments be made from a list of nominees submitted by the Connecticut State Medical Society, Connecticut Association of Optometrists, and other professional medical associations or organizations with PAs or APRNs as members. It instead allows those organizations to submit nominations for the commissioner’s consideration ([PA 19-119](#), § 10, effective July 1, 2019).

State Water Plan

The legislature adopted a resolution approving the state water plan. (As required by law, the state’s Water Planning Council developed the plan to help manage the state’s water resources. The plan was submitted to the legislature for consideration in the 2018 and 2019 legislative sessions, which included a hearing before various legislative committees, including the Public Health Committee, in 2018.) The legislature also passed a law specifying that if the water plan conflicts with any state law, the law controls ([HJR 171](#) and [PA 19-194](#), § 3, effective upon passage).

Student Mental Health Services Task Force

The legislature created a 10-member task force to (1) study each Connecticut higher education institution’s policies and procedures for the prevention and treatment of student mental illness and (2) recommend a statewide policy for student mental health services at these institutions. Among

other topics, the task force must examine the manner in which mental health services are delivered to students and the types of providers available to them. The task force report is due to the Higher Education and Public Health committees by January 1, 2020 ([SA 19-14](#), effective upon passage).

Various Revisions

In addition to the sections described above, [PA 19-118](#), *An Act Concerning DPH's Recommendations for Various Revisions to the Public Health Statutes*, makes other miscellaneous changes to health-related statutes, such as (1) modifying or eliminating certain reporting requirements and (2) allowing, rather than requiring, DPH to adopt certain regulations.