



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 2022 legislative 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 (1) licensure and scope of practice of health care professionals, (2) regulation of health care facilities, and (3) 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: Children

Child and Adolescent Psychiatrist Grant Program

A new law requires the Department of Public Health (DPH), by January 1, 2023, to establish and administer a grant program to incentivize employers of child and adolescent psychiatrists to recruit and hire new psychiatrists and retain those whom they employ. Starting by January 1, 2024, the commissioner must annually report on the program to the Public Health Committee ([PA 22-47](#), § 38, effective upon passage).

DCF Regional Behavioral Health Consultation and Care Coordination Program

By law, the Department of Children and Families' (DCF) regional behavioral health consultation and care coordination program must provide certain services to primary care providers who serve children. A new law expands this program by, among other things, requiring that the program refer the pediatric patient of a primary care provider for no more than three follow-up telehealth or in-person appointments with a mental or behavioral health care provider (1) if the appointments are determined to be medically necessary by the primary care provider and (2) after the primary care provider has utilized the program on the patient's behalf and the patient has been prescribed medication to treat a mental or behavioral health condition ([PA 22-47](#), § 10, effective upon passage).

DPH Grant to Children's Hospital for Consultation Program

A new law allows DPH, within available resources, to award a \$150,000 grant in FY 23 to an in-state children's hospital for coordinating a mental and behavioral health training and consultation program in 2023 and 2024. The program's purpose is to help pediatricians gain the necessary knowledge, experience, and confidence to effectively treat pediatric mental and behavioral health issues. The hospital receiving the grant must annually report to the Public Health Committee on the program, with the last report due January 1, 2025 ([PA 22-47](#), § 69, effective July 1, 2022).

DPH Pilot Program Expanding Behavioral Health Care for Children by Pediatric Care Providers

By July 1, 2023, a new law requires the DPH commissioner, in consultation with the Department of Social Services (DSS) commissioner and within available appropriations, to establish a pilot grant program expanding behavioral health care offered to children by pediatric care providers in private practices. The grant program must provide qualified applicants a 50% match for the costs associated with paying the salaries of licensed social workers providing counseling and other

services to children receiving primary health care from these providers ([PA 22-81](#), § 17, effective July 1, 2022).

Mobile Psychiatric Services Data Repository

A new law requires DCF, by January 1, 2023, to establish and administer a data repository for (1) emergency mobile psychiatric services personnel to share best practices and experiences while providing services to children in the field and (2) the department and these personnel, when available and appropriate, to collect outcome data on children who received these services ([PA 22-47](#), § 8, effective July 1, 2022).

Payment to Early Intervention Services Providers

New legislation requires the Office of Early Childhood (OEC) commissioner to make a \$200 general administrative payment in FYs 23 and 24 to early intervention service providers for each child with an individualized family service plan that accounts for less than nine service hours during the billing month ([PA 22-81](#), § 12, effective July 1, 2022).

Pediatric Mental Health Screening Tool

A new law requires DPH, by January 1, 2023, to develop or procure a screening tool to help pediatricians and emergency room physicians diagnose mental health, behavioral health, and substance use disorders in children. Pediatricians must annually provide the screening tool to their patients, and emergency department physicians must (1) provide the screening tool to each emergency department patient who is under age 18 and at least the minimum department-determined age (or the child's parents or guardian), before the child's discharge from the emergency department and (2) send a copy of it to the child's pediatrician or primary care provider to the extent possible and as soon as practicable ([PA 22-47](#), § 33, effective upon passage).

Waterbury FQHC Pilot Program for Adolescents

This year, the legislature established a DCF-administered pilot program in Waterbury that allows a federally qualified health center (FQHC) to provide intensive outpatient services for adolescents with mental or behavioral health issues. The FQHC must administer these services, including an extended day treatment program, to at least 144 adolescents annually for no less than five years. If the FQHC stops administering the services before October 1, 2027, it must reimburse the state for funds allocated to the pilot program in a prorated amount proportionate to the period in which services were provided ([PA 22-47](#), § 9, effective October 1, 2022).

(For other provisions affecting children’s health care services, please see OLR’s 2022 Acts Affecting Children and Acts Affecting Education reports.)

Behavioral Health: Facilities and Oversight

Behavioral and Mental Health Policy and Oversight Committee

This session, the legislature established a Behavioral and Mental Health Policy and Oversight Committee within the Legislative Department. The committee must evaluate and report on various matters related to the state’s mental health care system for children and develop a related strategic plan. The committee’s first report is due January 1, 2023; it must report the strategic plan by August 1, 2023 ([PA 22-47](#), § 70, effective upon passage).

Certificate of Need for Mental Health Facilities

A new law exempts from certificate of need (CON) requirements increases in the licensed bed capacity of mental health facilities, through June 30, 2026. To be eligible, a mental health facility must demonstrate to the Office of Health Strategy’s (OHS) Health Systems Planning Unit that it accepts reimbursement for any covered benefit to covered individuals under certain types of private or public insurance plans.

The act also requires the OHS executive director, by January 1, 2025, to report to the governor and the Public Health Committee her recommendations, if any, on establishing an expedited CON process for mental health facilities ([PA 22-47](#), § 31, effective upon passage).

Multicare Institutions

This session, the General Assembly enacted legislation allowing multicare institutions (e.g., hospitals, psychiatric hospitals, and freestanding substance abuse treatment facilities) to provide behavioral health services or substance use disorder treatment services to patients in a mobile narcotic treatment program.

Existing law already allows multicare institutions to provide these services at a satellite unit or other off-site location, so long as they provide DPH with a list of these locations on their initial or licensure renewal application ([PA 22-108](#), § 4, effective July 1, 2022).

Regional Behavioral Health Action Organizations

This year, the legislature codified existing practice by (1) allowing the Department of Mental Health and Addiction Services (DMHAS) commissioner to contract with one or more nonprofit organizations to operate as Regional Behavioral Health Action Organizations (RBHAOs) and (2) repealing the laws

that established the prior Regional Action Councils and Regional Mental Health Boards (which RBHAOs replaced). It requires each RBHAO to serve as a strategic community partner responsible for, among other things, behavioral health planning, education, and promotion.

The act also makes other related changes. For example, as of October 1, 2022, it reduces the membership of the state's Board of Mental Health and Addiction Services and makes other changes affecting the board ([PA 22-69](#), effective upon passage, except the provisions on the Board of Mental Health and Addiction Services take effect October 1, 2022).

Suicide Advisory Board

A new law codifies existing practice by expanding the scope of DCF's Youth Suicide Advisory Board to address suicide prevention across a person's lifespan. It correspondingly renames the board as the Connecticut Suicide Advisory Board, reflecting existing practice. The act also revises the board's membership and procedures in several respects ([PA 22-58](#), §§ 64 & 66, effective July 1, 2022).

Whiting Forensic Hospital

In response to the 2021 final report of the Connecticut Valley Hospital and Whiting Forensic Hospital Task Force, the legislature enacted a law affecting the oversight of Whiting Forensic Hospital (WFH) and acquittees (i.e., those found not guilty of a crime due to a mental disease or defect). Among other things, the act (1) requires DMHAS to develop a plan to construct a new WFH facility and submit a comprehensive report on the plan to the Public Health Committee by January 1, 2024; (2) reestablishes WFH's advisory board as an oversight board and expands the board's duties; and (3) allows an acquittee, or a person acting on his or her behalf, to apply directly to the Psychiatric Security Review Board for a temporary leave order allowing the acquittee to spend time in the community, under certain conditions ([PA 22-45](#), various effective dates).

Behavioral Health: Providers

Acute Inpatient Psychiatric Services Notification Requirements

A new law requires certain health care providers delivering acute inpatient psychiatric services or referring someone for these services to provide an insured with a written notice warning them of the potential costs. Specifically, referring physicians, psychologists, or advanced practice registered nurses (APRNs), as well as providers delivering acute inpatient psychiatric services, must provide a notice stating that the insured may (1) incur out-of-pocket costs if the services are not covered by health insurance and (2) choose to wait for an in-network bed for the services, or risk incurring out-of-network costs ([PA 22-47](#), §§ 55 & 56, effective January 1, 2023).

Auricular Acupuncture

Existing law allows unlicensed individuals who are certified by the National Acupuncture Detoxification Association to practice auricular acupuncture to treat alcohol and drug abuse under physician supervision and in DPH-licensed freestanding substance abuse facilities, DMHAS-operated settings, or any other setting where it is an appropriate adjunct therapy to a substance abuse or behavioral health treatment. A new law also allows these individuals to practice under the supervision of a physician assistant (PA), APRN, or licensed acupuncturist ([PA 22-92](#), § 7, effective October 1, 2022).

Emergency Certificates for Psychiatric Evaluation

A new law allows licensed professional counselors and marital and family therapists, under certain circumstances, to issue emergency certificates directing a person with psychiatric disabilities to be taken to a hospital for evaluation. To do so, the counselor or therapist must, among other things, have completed at least eight hours of specialized training in conducting direct evaluations as a member of (1) a DMHAS-certified community support program or (2) one of several specified teams and programs the department operates or funds. Existing law already allows clinical social workers and APRNs who meet these training requirements to do this ([PA 22-92](#), § 4, effective October 1, 2022).

Need-Based Assistance for Mental and Behavioral Health Care Licensure Applicants

A new law requires DPH, within available appropriations, to establish a need-based program to waive application and licensure fees for the following licensure applicants who will provide mental or behavioral health care services to children: art therapists, behavior analysts, marital and family therapists, psychologists, physicians, professional counselors, and social workers.

Under the act, DPH must prioritize applicants who (1) are members of a racial or ethnic minority; (2) speak English as a second language; (3) identify as lesbian, gay, bisexual, transgender, or queer; or (4) have a disability ([PA 22-47](#), § 6, effective upon passage).

OHS Payment Parity Study

A new law requires OHS, in consultation with the insurance and DSS commissioners, to study certain issues related to payment parity for behavioral and mental health providers in the HUSKY Health program and the private insurance market. The OHS executive director must submit a report with interim study results by January 1, 2023, and a final report by January 1, 2024, to the

Appropriations, Human Services, Insurance, and Public Health committees ([PA 22-47](#), § 58, effective upon passage).

Psychology Doctoral Student Clerkship Program

The legislature required DPH to establish an incentive program by January 1, 2023, encouraging psychology doctoral students to complete a semester-long clerkship (1) at a DCF-licensed or -operated facility or (2) for other state agencies the DCF commissioner deems appropriate. Individuals who complete these clerkships may renew their psychologist licenses every two years, rather than annually, for four years ([PA 22-47](#), § 45, effective July 1, 2022).

Social Workers and Police Mental Health Assessments

A new law allows licensed clinical social workers, in addition to psychiatrists and psychologists as under existing law, to conduct the behavioral health assessments of police officers required by law ([PA 22-114](#), § 1, effective July 1, 2022).

Waiver of Licensure Requirements for Certain Out-of-State Providers

This session, the legislature enacted a law that requires DPH, in consultation with DCF, to develop and implement a plan to waive licensure requirements for mental or behavioral health care providers licensed in other states, with priority given to children's providers. Among other things, the act requires (1) other states' practice requirements to be substantially similar to, or higher than, Connecticut's requirements in order for the waiver to apply and (2) DPH, when developing the plan, to decide whether the waiver should be limited to telehealth. DPH must implement and report on the plan by January 1, 2023 ([PA 22-47](#), § 1, effective upon passage).

Behavioral Health: Services

9-8-8 Hotline

A 2020 federal law designated 9-8-8 as the national suicide prevention and mental health crisis hotline, scheduled to be operational on July 16, 2022. This year, the legislature established the "9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund" as a separate, non-lapsing General Fund account. DMHAS must use the account's funds only for (1) ensuring in-state calls made to 9-8-8 are routed efficiently and effectively to an appropriate crisis center and (2) personnel and providing acute mental health, crisis outreach, and stabilization services by directly responding to 9-8-8.

The new law also requires DMHAS, by January 1, 2024, to develop a mechanism to track services provided in response to 9-8-8 calls. The department must report on that mechanism to the Public Health Committee by February 1, 2024 ([PA 22-47](#), §§ 25 & 27, various effective dates).

DMHAS Advertising Campaign

The legislature recently enacted a law that requires DMHAS, by January 1, 2023, and in collaboration with DCF, to (1) plan and implement a statewide advertising campaign promoting the availability of mental health, behavioral health, and substance use disorder services in the state and (2) establish a comprehensive website with related information ([PA 22-47](#), § 39, effective upon passage).

DMHAS Mobile Crisis Response Services

Starting in FY 23, a new law requires DMHAS to make mobile crisis response services available to the public 24 hours a day, seven days a week ([PA 22-81](#), § 1, effective July 1, 2022).

Psychedelic-Assisted Therapy

A new law requires DMHAS, by January 1, 2023, and within available appropriations, to establish a psychedelic-assisted therapy pilot program administered by a Connecticut medical school. The pilot program must provide Connecticut veterans, retired first responders, or direct health care workers with MDMA- (i.e., “Molly” or “ecstasy”) or psilocybin-assisted therapy as part of a research program approved by the federal Food and Drug Administration. Under the act, the pilot program ends when the federal Drug Enforcement Administration approves MDMA and psilocybin for medical use ([PA 22-118](#), §§ 200-204, as amended by [PA 22-146](#), §§ 20 & 28, provisions establishing the new program are effective July 1, 2022).

(For other provisions affecting behavioral health, please see OLR’s 2022 Acts Affecting Disabilities report.)

Certificate of Need

Application Fees

Under the certificate of need (CON) law, health care institutions (e.g., hospitals, freestanding emergency departments, outpatient surgical facilities) must generally receive state approval when establishing new facilities or services, changing ownership, acquiring certain equipment, or terminating services. A new law increases the nonrefundable CON application fee from \$500 to a range of \$1,000 to \$10,000 depending on the proposed project’s cost ([PA 22-118](#), § 225, effective upon passage).

Termination of Services

For purposes of applying the CON requirements for health care institutions, a new law defines “termination of services” to mean ending services for more than 180 days ([PA 22-118](#), § 226, effective upon passage).

Emergency Medical Services (EMS)

Ambulance Rates

A new law requires the DPH commissioner to proportionally increase certain ambulance service rates for FY 23 based on the amounts appropriated to the department for this purpose. The proportional adjustments apply to rates for (1) transporting and treating patients by licensed ambulance services and invalid coaches and (2) certified ambulance services and paramedic intercept services.

The act also requires the DPH commissioner, by January 1, 2023, to report to the Appropriations and Public Safety committees on the rates for the preceding 10 fiscal years ([PA 22-118](#), § 135, as amended by [PA 22-146](#), § 6, effective upon passage).

DESPP Coordinating Advisory Board

This session, the legislature expanded, from 16 to 18, the membership of the Department of Emergency Services and Public Protection (DESPP) Coordinating Advisory Board by adding the DMHAS and DCF commissioners. The advisory board advises DESPP on ways to improve emergency response communications and related issues ([PA 22-47](#), § 24, effective October 1, 2022).

E 9-1-1 Commission

New legislation increases the membership of the E 9-1-1 Commission from 13 to 16 by adding the DPH, DMHAS, and DCF commissioners, or their respective designees, as members. The commission generally advises DESPP on planning, designing, implementing, and coordinating the statewide emergency 9-1-1 telephone system and the public safety data network ([PA 22-47](#), § 23, effective October 1, 2022).

EMS Organizations Adding New Vehicles

This session, the legislature extended to commercial EMS organizations an existing law allowing certain other EMS organizations who are primary service area responders (PSARs) to add one vehicle to their fleet every three years without necessarily completing the standard hearing process. EMS organizations may apply to DPH on a short form application and the application is deemed

approved unless another nearby PSAR objects within certain deadlines ([PA 22-58](#), § 61, effective October 1, 2022).

Information on Children’s Mental Health and Domestic Violence

Starting January 1, 2023, a new law requires emergency medical technicians to keep copies of specified resources on mental health and domestic violence in any vehicle they use to carry out their duties and allows them to provide copies to anyone they think may benefit from the resources. The specific resources are (1) DCF’s children’s behavioral and mental health resources document and (2) the judicial branch’s Office of Victim Services domestic violence victim resources document ([PA 22-47](#), § 63, effective July 1, 2022).

Motor Vehicle Fuels Tax Refund for EMS Organizations

A new law allows EMS organizations to apply for a motor vehicle fuels tax refund for fuel used in ambulances the organization owns. An EMS organization is a corporation or other public, private, or voluntary organization that (1) is licensed by DPH’s Office of Emergency Medical Services (OEMS) and (2) offers ambulance transportation or treatment to patients primarily under emergency circumstances or a mobile integrated health care program. Existing law already allows hospitals and nonprofit civic organizations to get refunds for fuel used in ambulances they own ([PA 22-118](#), § 432, effective July 1, 2022).

Office of Emergency Medical Services Health Program Associate

A new law requires DPH, for FY 23, to hire a health program associate to administer mobile integrated health care programs for DPH’s OEMS. Under existing law, the office is responsible for program development activities, including (1) public education and information programs, (2) administering the EMS equipment and local system development grant program, (3) planning, (4) regional council oversight, and (5) training ([PA 22-81](#), § 46, effective July 1, 2022).

Protocols for EMS Transport to Urgent Crisis Centers

Under a new law, OEMS, by January 1, 2024, must develop protocols for EMS organizations or providers to transport pediatric patients with mental or behavioral health needs by ambulance to DCF-licensed urgent crisis centers ([PA 22-47](#), § 46, effective October 1, 2022).

Statewide Emergency Service Telecommunications Plan

By law, DESPP’s Division of State-Wide Emergency Telecommunications, in cooperation with the Public Utilities Regulatory Authority, must develop a statewide emergency service telecommunications plan identifying certain systems needed to provide coordinated emergency

service telecommunications to all state residents, including people with physical disabilities. A new law specifies that the plan must also address residents who need mental health, behavioral health, or substance use disorder services ([PA 22-47](#), § 22, effective October 1, 2022).

Environmental Health

Lead Poisoning Prevention and Treatment

A new law generally lowers the threshold for blood lead levels in individuals at which DPH and local health departments must take certain actions, such as conducting on-site inspections and ordering remediations for children with lead poisoning. Among other things, the act requires (1) primary care providers to conduct annual lead testing for certain high-risk children ages 36 to 72 months, (2) DSS to seek federal approval to amend the state Medicaid plan to add services to address the health impacts of high childhood blood lead levels, and (3) the DPH commissioner to convene a working group to recommend necessary legislative changes on various lead poisoning prevention and treatment issues ([PA 22-49](#) and [PA 22-118](#), §§ 149-153, most provisions effective January 1, 2023).

Private and Semipublic Well Testing

A new law makes several changes affecting water quality testing for private and semipublic wells. It requires clinical laboratories to report water quality test results conducted on these wells to DPH and local health departments within 30 days after completing the testing. (Prior law only required this if the testing was related to a real estate transaction.)

Among other things, it also requires (1) property owners, starting October 1, 2022, to test the water quality of their newly constructed private or semipublic wells and (2) prospective homebuyers and renters to be given educational materials on well testing ([PA 22-58](#), § 60, effective October 1, 2022).

Funeral Directors, Burial, and Cremation

Cremation Certificate Fee Exemption for Minors

This session, the legislature exempted a decedent's estate from having to pay the \$150 cremation certificate fee for cremating the body of a person under the age of 18 ([PA 22-99](#), effective July 1, 2022).

Disposition of Unclaimed Bodies

A new law allows the Office of the Chief Medical Examiner (OCME) to take custody and coordinate the disposition (e.g., cremation or burial) of an unclaimed body. Under prior law, OCME had to return the unclaimed body to the authorities in the town where the death occurred and the town was responsible for the final disposition of the body as well as the associated costs, if the deceased person did not leave property sufficient to cover them.

Under the new law, a funeral director who handles the decedent's disposition must notify DSS to seek reimbursement for these expenses. The department, when it receives a proper bill, generally must pay \$1,350 to the funeral director, cemetery, or crematory. The act also waives the \$150 cremation certificate fee required under existing law for these dispositions ([PA 22-58](#), §§ 56-58, effective October 1, 2022).

Health Care Facilities

Ambulatory Surgical Center Tax Repeal

Beginning July 1, 2022, a new law (1) sunsets the ambulatory surgical center (ASC) gross receipts tax and (2) eliminates the ASC net revenue tax previously scheduled to take effect on July 1, 2023 ([PA 22-118](#), §§ 436 & 515, effective upon passage for the sunset of the gross receipts tax and July 1, 2022, for the repeal of the net revenue tax).

Hospital Community Benefit Programs

This session, the legislature made various changes to the law on hospital community benefit programs. A new law requires hospitals to submit, on a specified schedule, their community health needs assessments, related implementation strategies, and community benefit status reports, and specifies several matters that hospitals must include in this reporting. It requires for-profit acute care hospitals to submit community benefit program reporting consistent with the act's reporting schedules and reasonably similar to what they would report to the IRS, where applicable. Among other things, it also requires OHS to make data from the state's all-payer claims database available to hospitals to fulfill these requirements ([PA 22-58](#), § 50, effective January 1, 2023).

Intimate Patient Examinations

New legislation requires hospitals and outpatient surgical facilities, by January 1, 2023, to develop and implement procedures to obtain a patient's express written consent to an "intimate examination" (i.e., pelvic, prostate, or rectal examination). It also generally requires these facilities to obtain a patient's separate written consent if a medical student, resident, or fellow performs an

intimate examination exclusively for training purposes and not as part of the patient’s clinical care or clinical care team ([PA 22-33](#), § 1, effective upon passage).

Strike Contingency and Staffing Plans

A new law requires health care institutions, when notified that their employees intend to strike, to include a staffing plan as part of the strike contingency plan they must file with DPH under existing law. The staffing plan must include the names and titles of the people who will provide services for at least the first three days of the strike. (Existing regulations already require similar information for certain types of institutions.)

The act also requires licensed, Medicaid-certified intermediate care facilities for individuals with intellectual disabilities, when submitting strike contingency plans, to submit the same information as required of nursing homes ([PA 22-58](#), § 10, effective July 1, 2022).

Stroke Registry

New legislation requires DPH to maintain and operate a statewide stroke registry and establishes a stroke registry data oversight committee within the Legislative Branch to monitor the registry’s activities. Starting July 1, 2023, stroke centers must submit certain quarterly data to DPH on stroke care. The new law applies to comprehensive stroke centers, thrombectomy-capable stroke centers, primary stroke centers, and acute stroke-ready hospitals ([PA 22-118](#), § 147, effective October 1, 2022).

Surgical Smoke Evacuation Policies

Under a new law, by January 1, 2024, each licensed hospital and outpatient surgical facility must develop and implement a policy for using a surgical smoke evacuation system to prevent exposure to surgical smoke. “Surgical smoke” is the by-product of using an energy-generating device during surgery (e.g., smoke plume or lung-damaging dust), but the term excludes by-products produced during gastroenterological or ophthalmic procedures which are not emitted into the operating room during surgery ([PA 22-58](#), § 67, effective July 1, 2022).

Technical Standards for Medical Diagnostic Equipment

Starting January 1, 2023, a new law requires health care facilities to take into consideration certain federal technical accessibility standards when purchasing medical diagnostic equipment (e.g., examination tables, weight scales, and radiological diagnostic equipment). Specifically, facilities must consider the standards developed by the federal Architectural and Transportation Barriers

Compliance Board (ATBCB) in accordance with the federal Patient Protection and Affordable Care Act.

Starting by December 1, 2022, DPH must annually notify each health care facility and licensed physician, PA, and APRN about information on providing health care to individuals with accessibility needs, including the ATBCB technical standards. The act applies to hospitals, outpatient clinics, and long-term care or hospice facilities ([PA 22-58](#), § 73, effective upon passage).

Health Insurance

Coverage Requirements

Several new laws expand health insurance coverage requirements under certain fully insured commercial health insurance plans, particularly if a service is provided by a specific type of health care provider. For example, the legislature: (1) expanded coverage for mammograms, ultrasounds, MRIs, and other services related to breast and ovarian cancer ([PA 22-90](#), effective January 1, 2023); (2) required these insurance plans to cover two mental wellness exams a year when provided by a licensed mental health professional or primary care provider ([PA 22-47](#), §§ 41 & 42, effective January 1, 2023); and (3) required these plans to also cover primary care provider services that are provided under a Collaborative Care Model by a team that includes a primary care provider, a behavioral care manager, and a psychiatric consultant ([PA 22-47](#), §§ 47 & 48, effective January 1, 2023).

OHS Reimbursement Rate Study

A new law requires OHS to study the rates at which health carriers and third-party administrators in the state reimburse health care providers for physical, mental, and behavioral health benefits and report interim and final results to the Insurance and Real Estate and Public Health committees by January 1, 2023, and January 1, 2024, respectively ([PA 22-47](#), § 57, effective upon passage).

(For other provisions affecting health insurance, please see OLR's 2022 Acts Affecting Insurance report.)

Health Professionals: Continuing Education

Nursing Home Administrators

A new law adds infection prevention and control to the mandatory topics for nursing home administrators' continuing education. By law, nursing home administrators must complete at least 40 hours of continuing education every two years, starting with their second license renewal.

Existing law requires that the education include training in Alzheimer's disease and dementia symptoms and care ([PA 22-58](#), § 11, effective July 1, 2022).

Optometrists

By law, optometrists must earn at least 20 hours of continuing education during each annual registration period. A new law increases, from six to 10, the number of continuing education hours that they can earn remotely. But it limits to (1) five hours the amount of credit that may be earned through asynchronous (i.e., pre-recorded) online education, distance learning, or home study programs and (2) 10 hours the amount that may be earned through synchronous (i.e., live in real-time) online education that includes opportunities for live instruction ([PA 22-58](#), § 18, effective upon passage).

Physicians

Beginning with license registration periods on or after October 1, 2022, a new law allows physicians' continuing education in risk management to address screening for endometriosis. It also requires the continuing education in cultural competency to address the effects of systemic racism, explicit and implicit bias, racial disparities, and the experiences of transgender and gender diverse people on patient diagnosis, care, and treatment.

As part of existing law's continuing education requirements, physicians must complete one contact hour each of risk management and cultural competency training or education (1) during their first license renewal period in which continuing education is required and (2) at least once every six years after that ([PA 22-33](#), § 2, effective October 1, 2022).

Another new law specifically allows physicians' continuing medical education in behavioral health to include suicide prevention training ([PA 22-58](#), § 65, effective July 1, 2022).

Psychologists

Existing law allows licensed psychologists to earn up to five of their 10 annually required CE credits through online classes, distance learning, or home study. A new law specifies that the five-hour cap applies to asynchronous online classes, distance learning, and home study.

The act also requires psychologists to earn at least five hours of CE credit through synchronous online education, thus allowing licensees to complete only up to five of their required 10 CE credits in person ([PA 22-58](#), § 35, July 1, 2022).

Health Professionals: Licensure

Expedited Licensure for Health Care Providers Licensed Elsewhere

This session, the legislature expanded an existing law on expedited licensure for health care providers licensed in other states by eliminating prior provisions limiting it only to state residents or spouses of active-duty military members stationed in Connecticut. The act removes the residency requirement and instead applies this law to at least active-duty military members or their spouses. This law applies to providers who meet specified experience and background requirements ([PA 22-47](#), § 2, effective October 1, 2022).

Interstate Compacts

A new law enters Connecticut into two health care-related interstate compacts, the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact. The medical compact provides an expedited licensure process for physicians seeking to practice in multiple states (including by telehealth). The psychology compact provides a process authorizing psychologists to practice by (1) telehealth (unlimited) and (2) temporary in-person, face-to-face services (30 days per year per state) across state boundaries, without the psychologist having to be licensed in each of the states ([PA 22-81](#), §§ 42 & 43, effective October 1, 2022).

Licensure by Reciprocity for Speech and Language Pathologists or Occupational Therapists

A new law requires DPH, in consultation with OEC, to develop and implement a plan to establish licensure by reciprocity or endorsement for speech and language pathologists or occupational therapists licensed elsewhere and who intend to provide services under the Birth-to-Three program. By January 1, 2023, the DPH commissioner must implement and report on the plan to the Public Health and Children's committees, including recommendations for any necessary related legislation ([PA 22-81](#), § 26, effective upon passage).

Master Social Work License Temporary Permits

Until June 30, 2024, a new law extends the duration of temporary permits for master social workers from 120 days after attaining a master's degree to one year after permit issuance. It also specifies that a temporary permit is not void only because the applicant fails the examination. Starting July 1, 2024, the act reduces the duration of the temporary permits to 120 days after they are issued and makes them void if the applicant fails the licensure examination.

By law, a temporary permit allows licensure applicants who have a master's degree from a social work program, but have not yet taken the licensure examination, to practice under professional supervision ([PA 22-47](#), § 4, effective upon passage).

Occupational Licenses & Criminal Convictions

This year the legislature limited the circumstances under which certain occupational licensing agencies, boards, and commissions may deny, revoke, or suspend a practitioner's license because he or she was found guilty or convicted of a felony. More specifically, a new law only allows them to do so if the decision is based on (1) the nature of the conviction and its relationship to the practitioner's ability to perform the occupation's duties or responsibilities safely or competently, (2) information about the practitioner's degree of rehabilitation, and (3) the time passed since the conviction or release. The act applies to several DPH-credentialed professions, such as social workers, professional counselors, art therapists, and dietitian-nutritionists.

The new law also creates a process for individuals who were convicted of a crime to find out whether their conviction would disqualify them from practicing these occupations. To do so, they generally must provide information about the conviction to the relevant licensing entity, which must respond within 30 days ([PA 22-88](#), effective October 1, 2022).

Social Work Licensure Examination Accommodations

A new law requires the DPH commissioner to notify clinical and master social worker license applicants that they may be eligible for testing accommodations under the federal Americans with Disabilities Act or other accommodations determined by the Association of Social Work Boards. These accommodations may include using a dictionary while taking the licensure examination and additional time to complete it ([PA 22-47](#), § 3, effective July 1, 2022).

Health Professionals: Programs

Community Health Worker Grant Program

A new law expands the Community Health Worker Grant Program and transfers it from DPH to DSS. The program gives grants to community action agencies that employ community health workers serving people adversely affected by the COVID-19 pandemic. The new law raises the cap on individual grants from \$30,000 to \$40,000 per community health worker annually and the cap on the total amount of grants issued under the program from \$6 million to \$7 million. It also extends the program by one year, to June 30, 2024 ([PA 22-118](#), §§ 240 & 241, effective upon passage).

DOH Health Care Worker Housing Program

A new law authorizes up to \$20 million in state bonds for the Department of Housing (DOH) to develop housing for health care workers in collaboration with the chief workforce officer and fund the costs associated with a new hospital partnership. Under the act, the DOH commissioner and Connecticut Housing Finance Authority executive director must (1) attempt to partner with one or more Connecticut hospitals to increase workforce housing options and (2) report to the Housing Committee, by January 1, 2023, on the partnership's status and recommendations on other ways to increase these housing options ([PA 22-118](#), § 359, effective July 1, 2022).

Premium Pay Program

To help recognize certain employees for working during the COVID-19 pandemic, the legislature created the Connecticut Premium Pay program this past session. From October 1, 2022, until June 30, 2024, the program will provide \$200 to \$1,000 to eligible applicants, depending on their individual income and whether the account that supports the program is sufficiently funded.

Eligible applicants generally must (1) have worked during the entire COVID-19 emergency; (2) been eligible for a COVID-19 vaccination in phase 1a or 1b of the CDC's COVID-19 vaccination program (e.g., health care personnel, among others); (3) be private-sector employees; (4) not have been employed in a capacity where they worked from home; and (5) have an individual income less than \$150,000. Applicants must submit a claim for program benefits by October 1, 2022 ([PA 22-118](#), §§ 143 & 144, effective upon passage).

Health Professionals: Scope of Practice

DPH Scope of Practice Review

Existing law establishes a process to review requests from representatives of health care professions seeking to establish or revise a scope of practice before consideration by the legislature. A new law reduces, by two weeks, the timeframe of certain steps in this process. It also requires DPH, by October 15 each year, to (1) select requests the department will act on and (2) establish and appoint members to a scope of practice review committee only for those requests. (Prior law required DPH to do this for each timely request it received.)

Additionally, the act requires DPH to conduct a scope of practice review, under the existing process, to determine whether the department should regulate midwives who are ineligible for nurse-midwife licensure. The commissioner must report the committee's findings and recommendations to the Public Health Committee by February 1, 2023 ([PA 22-58](#), §§ 14, 16, 17 & 55, effective upon passage).

Medication Administration by Unlicensed Personnel

A new law allows a registered nurse (RN) to delegate the administration of non-injected medications to home health aides and hospice aides who are currently certified by DCF or the Department of Developmental Services (DDS), in addition to those certified by DPH as under existing law. The act also requires these unlicensed personnel to renew their certifications every two years instead of every three years, as under prior law.

By law, RNs cannot delegate medication administration to these unlicensed personnel if a prescribing practitioner requires a medication to be administered only by a licensed nurse ([PA 22-58](#), §§ 12 & 13, effective October 1, 2022).

Physician Assistants and Medical Marijuana

A new law extends to PAs the ability to certify a patient for medical marijuana use (except for glaucoma). Among other things, the law allows PAs to (1) diagnose a patient's qualifying debilitating condition and (2) issue a written certification, for up to one year, for a patient to use medical marijuana ([PA 22-103](#), §§ 11-14, 16 & 18-20, effective July 1, 2022).

Sleep Technologists

A new law allows polysomnographic technologists ("sleep technologists") to perform certain oxygen-related patient care activities in hospitals, such as connecting or disconnecting oxygen supply and adjusting the oxygen rate or flow consistent with a medical order. Existing law already allows designated licensed health care providers and certified ultrasound or nuclear medicine technologists to do this. As under existing law, this authorization does not apply to any type of (1) ventilator, (2) continuous positive airway pressure or bi-level positive airway pressure unit, or (3) any other noninvasive positive pressure ventilation ([PA 22-58](#), § 63, October 1, 2022).

Health Professionals: Student Loans

DPH Primary Care Direct Services Program

By law, within available resources, the DPH commissioner must establish a program to provide three-year grants to community-based primary care services providers to expand access to health care for the uninsured. A new law requires these providers under the program to provide, or arrange access to, behavioral health services.

The new law also makes psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors eligible for state loan repayment under the program. Additionally, under a new law, for FY 23, DPH must use at least \$1.6

million of the funds appropriated for the state loan repayment program on repayments for state licensed physicians who (1) graduated from a Connecticut medical school or completed their medical residency program at a Connecticut licensed hospital and (2) are employed as a physician in the state ([PA 22-81](#), § 28, and [PA 22-118](#), § 231, effective upon passage).

Health Care Provider Loan Reimbursement Program

A new law requires the Office of Higher Education (OHE), by January 1, 2023, to establish a health care provider loan reimbursement program to provide loan reimbursement grants to DPH-licensed health care providers employed full-time in the state. Under the new law, the OHE executive director must develop the eligibility requirements, reimbursement amounts, and application process ([PA 22-118](#), § 79, effective upon passage).

Immunizations

Immunization Information System

A new law replaces DPH’s childhood immunization registry and tracking system (“CIRTS”) with an immunization information system (“CT WiZ”) that provides vaccine recipients of all ages, instead of only children under age six, with access to their immunization records. The act requires DPH to maintain the system, which must include information to accurately identify a vaccine recipient and assess the recipient’s current immunization status. Vaccine recipients’ participation in CT WiZ is voluntary, and health care providers must provide a vaccine recipient information on how to opt out of enrolling in the system ([PA 22-118](#), §§ 493-496, effective July 1, 2022).

Medical Assistants Administering Vaccines

A new law allows clinical medical assistants to administer vaccines under certain conditions in any setting other than a hospital. They may do so only if they (1) meet certain certification, education, and training requirements and (2) act under the supervision, control, and responsibility of a licensed physician, PA, or APRN ([PA 22-58](#), §§ 47 & 78, as amended by [PA 22-92](#), § 25, and [PA 22-93](#), effective October 1, 2022).

Pharmacists Administering the Flu Vaccine to Minors

New legislation grants licensed pharmacists the authority under state law to administer the flu vaccine, with parental or guardian consent, to minors ages 12 years or older. Under specified conditions, federal law currently protects pharmacists from liability under federal or state law for administering approved vaccines, including the flu vaccine, to children age three and older ([PA 22-92](#), § 24, effective July 1, 2022).

Long-Term Care and Older Adults

Ban on Non-Compete Home Care Contracts

This year the General Assembly prohibited contracts between a homemaker-companion agency or home health agency and a client from including a “no-hire” clause that, should the client directly hire an agency employee, (1) imposes a financial penalty; (2) assesses any charges or fees, including legal fees; or (3) contains any language that can create grounds for a breach of contract assertion or a claim for damages or injunctive relief. The new law expressly deems these clauses against public policy and void ([PA 22-118](#), §§ 244 & 245, effective upon passage).

Involuntary Transfers and Discharges of Nursing Home and Residential Care Home Residents

A new law requires nursing homes and residential care homes (RCHs) to electronically report each involuntary discharge or transfer to the Long-Term Care Ombudsman and on a website she maintains ([PA 22-57](#), §§ 9 & 10, effective upon passage for RCHs and July 1, 2022, for nursing homes).

Additionally, another new law modifies requirements for the involuntary discharge of RCH residents to allow RCHs to qualify as Medicaid home- and community-based settings ([PA 22-58](#), § 46, effective October 1, 2022).

Long-Term Care Facility Infection Prevention and Control Specialists

A new law makes various changes in requirements for infection prevention and control specialists at nursing homes and dementia special care units, such as (1) limiting the requirement that they employ a full-time specialist to only those facilities with more than 60 residents and (2) allowing these specialists to provide services at both a nursing home and dementia special care unit or at two nursing homes in some circumstances, with DPH approval ([PA 22-58](#), § 52, effective July 1, 2022).

Social Worker Minimum Staffing Requirements in Nursing Homes

By law, DPH must establish minimum staffing level requirements for social workers in nursing homes of one full-time social worker per 60 residents. A new law specifies that this requirements is a number of hours based on this ratio that must vary proportionally based on the number of residents in the home (e.g., a home with 90 residents would require 1.5 full-time social workers instead of two) ([PA 22-58](#), § 36, effective upon passage).

Temporary Nursing Services Agencies

A new law requires DPH, by October 1, 2022, to establish an annual registration system for “temporary nursing services agencies” and allows the department to charge an annual registration fee of up to \$750. These agencies provide services to nursing homes, residential care homes, and hospitals on a per diem or temporary basis.

Among other things, the act also requires these agencies to (1) enter into a written agreement with a health care facility that ensures the assigned nursing personnel have appropriate credentials and (2) submit annual cost reports to DPH that include, among other things, the average fees the agencies charge by type of nursing personnel and health care facility. Additionally, it requires the DSS commissioner to evaluate rates these agencies charge nursing homes and report her recommendations to the Aging, Human Services, and Public Health committees by October 1, 2023 ([PA 22-57](#), §§ 1-8, effective July 1, 2022).

Training for Mandated Elder Abuse Reporters

New legislation generally requires mandated elder abuse reporters to complete DSS’s elder abuse training program, or another DSS-approved program, by June 30, 2023, or within 90 days after becoming a mandated elder abuse reporter ([PA 22-57](#), §§ 12 & 13, as amended by [PA 22-58](#), §§ 71 & 72, effective upon passage).

(For other provisions affecting older adults, please see OLR’s 2022 Acts Affecting Seniors report.)

Medicaid and Medical Assistance Programs

Medicaid State Plan Expansion to Certain Behavioral Health Clinicians

A new law expands the Medicaid state plan to include covered services provided by certain associate licensed behavioral health clinicians under an enrolled independent licensed behavioral health clinician’s supervision, under certain circumstances (e.g., the associate is working within his or her scope of practice). Under the new law, an “independent licensed behavioral health clinician” is a licensed psychologist, marital and family therapist, clinical social worker, or professional counselor. An “associate licensed behavioral health clinician” is a licensed marital and family therapy associate, master social worker, or professional counselor associate ([PA 22-81](#), § 25, effective July 1, 2022).

Medical Assistance and Immigration Status

Recent legislation expands a program that requires DSS to provide state-funded medical assistance, within available appropriations, to certain children regardless of their immigration status. It does so by (1) raising the age of coverage-eligible children from 8 to 12 years old and (2) generally allowing these children to continue to receive the assistance until they are 19 years old. By law, and under the act, the requirement begins January 1, 2023 ([PA 22-118](#), §§ 232 & 233, effective upon passage).

Medical Assistance Provider Rates and Other State Payments

Laws passed this year include several provisions affecting rates and payments for various types of providers, including:

1. increasing the minimum per diem, per bed rate to \$501 for intermediate care facilities for individuals with intellectual disabilities ([PA 22-118](#), § 230, effective July 1, 2022);
2. increasing the Medicaid per diem reimbursement rate for chronic disease hospitals by \$500 for beds provided to patients on ventilators ([PA 22-118](#), § 238, effective July 1, 2022);
3. requiring DSS to reimburse FQHCs on an all-inclusive encounter rate per client encounter and prohibiting centers from billing for separate encounters by providing nonemergency, periodic dental services on different dates ([PA 22-118](#), § 239, effective July 1, 2022);
4. removing provisions specifying how DSS must allocate federal American Rescue Act of 2021 (ARPA) funding for temporary financial relief for nursing homes ([PA 22-118](#), § 242, effective upon passage);
5. requiring that OPM disburse certain unallocated funds as cost-of-living-adjustments for state-contracted providers delivering services and supports through DDS ([PA 22-118](#), § 249, effective upon passage);
6. prohibiting state agencies that contract with health and human services providers from trying to recover or otherwise offset federal ARPA funds for home- and community-based services ([PA 22-146](#), § 15, effective upon passage); and
7. requiring DSS to implement a Medicaid reimbursement system that incentivizes collaboration between primary care providers and behavioral and mental health care providers ([PA 22-47](#), § 59, effective July 1, 2022).

Naturopath Services Coverage

A new law requires DSS, by October 1, 2022, to amend the Medicaid state plan to cover services provided by licensed naturopaths ([PA 22-118](#), § 247, effective upon passage).

Probate Court Orders and Medicaid Eligibility

A new law generally requires each state agency that is a party to a probate court proceeding to recognize and apply any probate court order, denial, or decree issued on or after October 1, 2022. This applies (1) to the extent allowed by federal law and (2) as long as the probate court has statutory jurisdiction. The act specifically allows someone aggrieved by such a probate court decision to appeal to Superior Court.

The act also requires DSS to compile annual data on the denial of Medicaid eligibility in any matter in which a probate court issued an order or decree about assets or income that, according to DSS, affected someone's Medicaid eligibility. Starting by January 1, 2024, DSS must annually report on specified related matters to the Judiciary and Human Services committees ([PA 22-112](#), effective October 1, 2022).

Miscellaneous

Cost Allowance Cap for Executive Director Salaries

A new law increases, from \$101,000 to \$125,000, the cost allowance cap for executive director salaries in DDS's, DMHAS's, DSS's, and other state agencies' calculations of grants to private agencies that provide employment opportunities, day services, or residential facility services. (The prior cost allowance cap reflected a one-time, 1% cost of living adjustment.)

Beginning July 1, 2022, the act allows the cap to increase annually, up to any percentage cost-of-living increase provided in the departments' contracts with these agencies ([PA 22-140](#), §§ 7, 8 & 13, effective upon passage).

Health Care Benchmarks

This session, the legislature expanded OHS's duties to include, among other things, setting annual health care cost growth benchmarks, health care quality benchmarks, and primary care spending targets. (In doing so, it codifies several provisions of Governor Lamont's Executive Order No. 5.) Under the new law, certain health care payers and providers must provide the OHS executive director with specified health care cost and quality data. Additionally, payers and providers that fail to meet the benchmarks OHS sets can be required to participate in a public hearing explaining why ([PA 22-118](#), §§ 217–223, effective upon passage).

Health Care Career Training Initiative

New legislation requires the Office of Workforce Strategy, with the help of various state agencies, higher education institutions, and health care centers and associations, to develop an initiative to

address the state's health care workforce shortage. The initiative must offer expanded and enhanced educational programs at Connecticut higher education institutions to increase the number of health care workers in the state. Additionally, the act requires the state's chief workforce officer to develop a plan to encourage high school students to pursue high demand careers in health care, such as nursing and behavioral and mental health care, among others ([SA 22-9](#), effective upon passage).

Health Care Services at Prisons

A new law requires the Department of Correction (DOC) commissioner to develop a plan, with specified components, for providing health care services to inmates at DOC correctional institutions, including mental health, substance use disorder, and dental care services. By February 1, 2023, the commissioner must report to the Public Health and Judiciary committees on the plan along with recommendations for any legislation needed to implement it and a timeline for doing so ([PA 22-133](#), effective upon passage).

Another new law requires the DOC commissioner to annually review, evaluate, and make recommendations on (1) substance use disorder and mental health services for incarcerated individuals and (2) reintegrating these individuals into the community. In doing so, the commissioner must consult with DMHAS and the judicial branch. Starting by January 1, 2023, the commissioner must annually report on this review to the Judiciary, Public Health, and Appropriations committees ([PA 22-118](#), § 207, effective upon passage).

High Occupancy Vehicle (HOV) Lanes and Blood Transport Vehicles

A new law requires the Office of the State Traffic Administration to allow blood transport vehicles owned by nonprofit blood banking operations or blood collection facilities to use HOV lanes when they are transporting blood between a collection point and a hospital or storage center. For this to apply, the vehicle must display, as specified in the law, (1) a removable decal indicating that it is transporting blood and (2) the entity's logo ([PA 22-40](#), § 21, effective October 1, 2022).

HIV Testing

New legislation generally requires primary care providers or their designees (starting January 1, 2023) and hospital emergency department employees or staff members (starting January 1, 2024) to offer HIV testing to patients age 13 or older. The act provides various exceptions, such as when the patient is being treated for a life-threatening emergency. It also requires hospitals, by January 1, 2024, to develop related protocols ([PA 22-58](#), §§ 68 & 69, effective October 1, 2022).

Interpreting in Medical Settings for Deaf, Deafblind, and Hard of Hearing People

A new law allows interpreters holding an Approved Deaf Interpreter credential from the Massachusetts Commission on the Deaf and Hard of Hearing to work in medical and legal settings. The act also (1) requires the Department of Aging and Disability Services to categorize interpreters in its online registry by the settings for which they are qualified and (2) establishes penalties for certain acts of false representation ([PA 22-31](#), effective October 1, 2022).

Optical Stores Remaining Open Without Optician Present

A new law generally allows optical stores to remain open for up to four consecutive business days without an optician's supervision, in limited circumstances. This applies if (1) there are reasonably unanticipated circumstances (e.g., the optician's illness or injury); (2) the establishment took reasonable action to have another optician present; and (3) the establishment posts a clear and conspicuous sign, with specified information, stating that an optician is not on site.

During these periods, the act prohibits these establishments' owners or employees from taking various actions, such as selling specified products or taking someone's related measurements. It makes a violation of this prohibition an unfair trade practice ([PA 22-118](#), § 228, effective October 1, 2022).

State Food Code

Existing law requires DPH, by January 1, 2023, to adopt the federal Food and Drug Administration's Food Code as the state's food code regulating food establishments. A new law exempts the following establishments and functions from the food code's requirements:

1. owner-occupied bed-and-breakfast establishments (a) with no more than 16 occupants, (b) with no provisions for cooking or warming food in guest rooms, (c) where breakfast is the only meal offered, and (d) that notify guests that food is prepared in a kitchen unregulated by the local health department and
2. noncommercial functions, including bake sales or potluck suppers at educational, religious, political, or charitable organizations.

Previously, these entities had to comply with the food code, but were exempt from having to employ a certified food protection manager and any related reporting requirements.

Under existing law, sellers at noncommercial functions must maintain the food under the temperature, pH level, and water acidity level conditions that inhibit the growth of infectious or toxic microorganisms ([PA 22-58](#), § 33, effective upon passage).

Transplant Non-Discrimination Based on Disability

Recent legislation generally prohibits deeming someone ineligible to receive an anatomical gift, or organ from a living donor, for transplantation solely because of the person’s physical, mental, or intellectual disability. The act provides an exception if a physician determines, after evaluating the person, that his or her disability medically contraindicates the acceptance of the anatomical gift or organ. If a person has the necessary support to help him or her comply with post-transplant medical requirements, then the person’s inability to comply without assistance cannot be determined “medically significant” to make the person ineligible for a transplant ([PA 22-58](#), § 51, effective upon passage).

Pharmacy and Prescription Drugs

Collaborative Drug Therapy

A new law makes various changes affecting collaborative drug therapy agreements between certain health care practitioners and pharmacists. Among other things, the act:

1. expands the types of practitioners authorized to enter into these agreements to include any prescribing practitioner or caregiving institution; and
2. expands pharmacists’ authority under these arrangements to include (a) managing drug therapy for patient populations, instead of only individual patients, (b) managing a therapeutic class of drugs, instead of only specified drugs, and (c) managing prescribed medical devices ([PA 22-118](#), §§ 69 & 70, effective July 1, 2022).

Disclosure of Identifying Information

A new law extends, to include information collected under the state’s medical marijuana and controlled substance registration laws (e.g., filings and inspection reports), a law that generally prohibits the Department of Consumer Protection (DCP), the Pharmacy Commission, and DPH from publicly disclosing information that allows the identification of individuals or institutions ([PA 22-104](#), § 30, effective upon passage).

DMHAS Opioid Use Disorder Pilot Program

Existing law requires DMHAS to establish a pilot program, within available appropriations, in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder. Each

community participating in the program must form a team of at least two peer navigators who must, among other things, travel throughout the community to address the health care and social needs of individuals with opioid use disorder.

A new law extends, by one year until January 1, 2023, the date by which DMHAS must establish the program. And it correspondingly extends by one year, until January 1, 2024, the date by which the DMHAS commissioner must report to the Public Health Committee on the program, including its success and any recommendations to continue or expand it ([PA 22-108](#), § 7, effective upon passage).

Drug Paraphernalia

A new law removes from the statutory definition of “drug paraphernalia” products used by licensed drug manufacturers for permitted activities or by individuals to test a substance before they ingest, inject, or inhale it (e.g., fentanyl testing strips), as long as they are not using the products to engage in unlicensed manufacturing or distribution of controlled substances ([PA 22-108](#), § 2, effective July 1, 2022).

Hospice Disposal of Controlled Substance

A new law requires licensed hospice and hospice care programs that provide hospice home care services for terminally ill people to dispose any controlled substance that they dispensed or administered to a terminally ill person as soon as practicable after the person’s death, in a way that complies with state and federal laws ([PA 22-81](#), § 21, effective October 1, 2022).

Long-Acting Contraceptives at FQHCs

This year’s budget implementer requires the DSS commissioner to allocate \$2 million for the purchase and provision of long-acting reversible contraceptives by FQHCs from the federal ARPA funds allocated to the department for FY 23 ([PA 22-118](#), § 246, effective July 1, 2022).

Mobile Units for Dispensing Controlled Substances

A new law allows practitioners authorized to prescribe controlled substances (e.g., methadone) to treat patients by dispensing them from a mobile unit. To do so, the prescribing practitioner must take certain actions, such as notifying DCP of his or her intent to transport the controlled substances and reporting the dispensing to the state’s Prescription Drug Monitoring Program ([PA 22-108](#), § 3, effective July 1, 2022).

Pharmacist License Renewal

This session, the legislature passed a law (1) requiring pharmacists to renew their licenses annually, rather than biennially, and (2) increasing the licensure renewal fee to \$100 annually, rather than \$120 biennially ([PA 22-118](#), § 71, effective July 1, 2022).

Prescription Opioid Patient Care Plans

A new law adds chiropractic and spinal cord stimulation to the list of nonopioid treatment options that, to the extent possible, must be included on a patient's treatment agreement or care plan that prescribing practitioners must provide when prescribing opioids for more than 12 weeks. Existing law already requires the agreement or plan to include manipulation, massage therapy, acupuncture, physical therapy, and other treatment regimens or modalities ([PA 22-108](#), § 1, effective July 1, 2022).

Safe Storage of Prescription Drugs and Cannabis

A new law requires DCP, by December 1, 2022, to develop documents on the safe storage and disposal of opioid drugs and cannabis and cannabis products and, by December 15, 2022, post the documents on the department's website. The act also requires pharmacies, cannabis retailers, and hybrid retailers, by January 1, 2023, to post notices about these documents on their premises ([PA 22-81](#), §§ 18-20, effective July 1, 2022).

Transferring Medical Devices During Emergencies

As is already the law for drugs and controlled drugs, a new law authorizes pharmacies and other controlled substances registrants to transfer medical devices during a declared emergency to (1) another pharmacy or registrant or (2) another location the commissioner authorizes. These transfers must be permissible under federal law and receive prior DCP commissioner approval ([PA 22-104](#), § 33, effective upon passage).

Reproductive Health

Birthing Hospitals Patient Educational Materials

A new law requires birthing hospitals (1) starting October 1, 2022, to provide caesarean section patients with written information on the importance of mobility following the procedure and (2) starting January 1, 2023, to provide postpartum patients certain educational materials and establish a patient portal for them to virtually access any educational materials and information provided to the patients during their stay and discharge ([PA 22-58](#), § 76, effective July 1, 2022).

DPH Breast and Cervical Cancer Early Detection and Treatment Referral Program

This year, the legislature modified DPH's breast and cervical cancer early detection and treatment referral program by, among other things, requiring breast cancer screening to include tomosynthesis, where possible, and adding human papillomavirus (HPV) tests to the program's services ([PA 22-33](#), § 4, effective October 1, 2022).

DPH Maternal Mortality Review Committee Educational Materials

A new law requires DPH's Maternal Mortality Review Committee, by January 1, 2023, to develop educational materials on (1) indicators of intimate partner violence, (2) the health and safety of pregnant and postpartum persons with mental health disorders, and (3) certain evidence-based screening tools. DPH must distribute these materials to specified hospitals and health care providers ([PA 22-58](#), § 75, effective upon passage).

Endometriosis Data and Biorepository Program

A new law requires UConn Health Center (UCHC), in consultation with a research laboratory, to develop a plan to establish an endometriosis data and biorepository program to promote early detection of endometriosis, new therapeutic strategies to treat and manage the condition, and early access to the latest therapeutic options for patients. It requires UCHC to report to the Public Health Committee by January 1, 2023, on the plan and its implementation timeline ([PA 22-33](#), § 3, effective July 1, 2022).

Protections for Reproductive and Gender-Affirming Health Services

New legislation establishes a cause of action for individuals against whom there is an out-of-state judgment based on reproductive or gender-affirming health care services that are legal in Connecticut. The cause of action allows these individuals to recover certain costs they incurred defending the out-of-state action and bringing an action under the new law (e.g., costs, expenses, and reasonable attorney's fees).

The legislation limits the assistance officers of Connecticut courts, public agencies, and certain health care providers can provide in these out-of-state actions. With certain exceptions, it also prohibits certain covered entities that provide health care, payments, or billing services from disclosing specified information related to reproductive or gender-affirming health care services in civil court cases or other specified proceedings ([PA 22-19](#), effective July 1, 2022, and [PA 22-118](#), §§ 195 & 484-488, effective July 1, 2022).

Providers Authorized to Perform Abortions

New laws allow APRNs, nurse-midwives, and PAs to perform aspiration abortions. The new laws also explicitly authorize these providers to perform medication abortions, conforming to a 2001 attorney general opinion ([PA 22-19](#), § 7, and [PA 22-118](#), § 489, effective July 1, 2022).

School-Based Health

Opioid Antagonists in Schools

A new law generally allows school nurses and qualified school employees to maintain and administer opioid antagonists (e.g., Narcan) to students who do not have prior written authorization to receive the medication and requires the State Department of Education (SDE) to develop related guidelines by October 1, 2022.

The act also authorizes certain prescribers and pharmacists to enter into agreements with school boards to distribute and administer opioid antagonists and requires DCP to provide school boards with information on how to acquire the medication from manufacturers ([PA 22-80](#), §§ 7-9, various effective dates).

School-Based Mental and Physical Health Grants and Services

This session, the legislature passed several grant initiatives to support school-based mental and physical health services, including:

1. a DPH-administered school-based health center (SBHC) grant expansion program in FY 23 to provide grants to certain SBHC operators to expand their centers and the services they provide;
2. an SDE grant for FYs 23-25 for school districts to hire and retain more school social workers, school psychologists, school counselors, and school nurses;
3. an SDE grant program for FYs 23-25 to provide funding to boards of education to hire additional student mental health specialists;
4. an SDE grant program for FYs 23-25 to provide funding to boards of education, youth camps, and other summer program operators to deliver student mental health services; and
5. an OHE grant program for FYs 23-25 to provide funding to public and private colleges and universities to deliver student mental health services on campus ([PA 22-47](#), §§ 13-15, various effective dates and [PA 22-80](#), §§ 4, 5 & 12, effective July 1, 2022).

Survey of School Districts' Employment of Health Professionals

A new law requires the education commissioner to annually survey each school board, beginning by July 1, 2023, about the number of school social workers, psychologists, counselors, nurses, and licensed marriage and family therapists it employs. Additionally, the survey must ask about (1) how these professionals are distributed among schools in the district, (2) the geographic area these professionals serve if shared among districts, and (3) the estimated number of students who received their services. Using the survey results, the commissioner must annually calculate the student-to-professional ratio for each of these positions ([PA 22-80](#), § 3, as amended by [PA 22-116](#), § 6, effective upon passage).

Smoking and Vaping

ID Checks for Tobacco Sales

A new law requires sellers, or their agents or employees, to request that each person, regardless of apparent age, intending to purchase cigarettes or tobacco products present a driver's license or identity card to establish that the person is at least 21 years old (previously, they had to ask only those prospective buyers who appeared to be under age 30 to show proper proof of age) ([PA 22-118](#), § 198, effective July 1, 2022).

Tobacco Settlement Fund and Tobacco and Health Trust Fund

Starting in FY 23, a new law annually redirects \$12 million of Tobacco Settlement Fund proceeds from the General Fund to the Tobacco and Health Trust Fund. It requires that the Tobacco and Health Trust Fund's board recommend disbursements to programs for the fund's statutory purposes, such as tobacco use prevention, education, and cessation. It also makes certain changes to the trust fund's legislative reporting requirements ([PA 22-118](#), §§ 196 & 197, as amended by [PA 22-146](#), § 25, effective July 1, 2022).

Studies, Task Forces, Councils, and Working Groups

Assisted Living Services Agencies (ALSAs) Task Force

This year, the legislature established a nine-member task force to study ALSAs that provide services as a dementia special care units or program. The study must examine (1) DPH regulation of these agencies and whether additional department oversight is required; (2) whether minimum staffing levels should be required; and (3) agencies' record maintenance of specified services provided to residents. The task force must report its findings and recommendations to the Public Health Committee by January 1, 2023 ([PA 22-58](#), § 74, effective upon passage).

Certificate of Need Task Force

A new law establishes a task force to study and make recommendations on CONs for health care institutions. For example, the task force must examine (1) instituting a price increase cap tied to the cost growth benchmark for consolidations and (2) the timeliness of decisions or approvals relating to the CON process. The task force must report its findings and recommendations to the Insurance and Real Estate Committee by January 15, 2023 ([PA 22-118](#), § 124, effective upon passage).

Child and Adolescent Psychiatry Working Group

This session, the legislature created a working group to develop a plan to increase the number of psychiatry residency and child and adolescent psychiatry fellowship placements in the state. The group must report its findings and recommendations to the Public Health Committee by January 1, 2023 ([PA 22-47](#), § 68, effective July 1, 2022).

Chronic Kidney Disease Advisory Committee

A new law removes the Public Health Committee chairpersons and ranking members, and four members they appoint, from the state's Chronic Kidney Disease Advisory Committee. It also extends by two years, until January 1, 2024, the date by which the advisory committee must begin annually reporting to the Public Health Committee. By law, the advisory committee works with policymakers, public health organizations, and educational institutions to increase awareness of chronic kidney disease and develop related educational programs ([PA 22-58](#), § 49, effective upon passage).

Doula Advisory Committee

A new law requires DPH, within available resources, to establish an 18-member Doula Advisory Committee within the department to develop recommendations on (1) requirements for initial and renewal doula certification and (2) standards for recognizing doula training program curricula sufficient to satisfy the certification requirements.

The act also requires the advisory committee, by January 15, 2023, to establish a Doula Training Program Review Committee to conduct a continuous review of doula training programs and provide a list of approved doula training programs in Connecticut that meet the advisory committee's certification requirements ([PA 22-58](#), § 40, effective upon passage).

EMS Working Group

This year's budget implementer requires the DPH commissioner, in collaboration with the DSS commissioner, to establish an EMS working group. The group must examine (1) Medicaid and private commercial EMS rates; (2) the EMS workforce; and (3) the provision of these services, including the adoption of mobile-integrated health care, and the provision of EMS in other states. By January 1, 2023, the DPH commissioner, in consultation with the DSS commissioner, must report to the Public Health Committee on the group's findings and recommendations ([PA 22-118](#), § 136, effective July 1, 2022).

Legionella Working Group

Under a new law, DPH must convene a working group on legionella prevention and mitigation in hospitals, nursing homes, and other health care facilities and report to the Public Health Committee by December 31, 2022, on the working group's efforts and recommendations ([PA 22-58](#), § 62, effective upon passage).

Mental Health and Law Enforcement Studies

A new law includes several initiatives to address the mental health of both police officers and those with whom they interact, including:

1. setting up a task force to study law enforcement officers' mental health needs;
2. requiring UConn's Institute for Municipal and Regional Policy, in consultation with the United Way of Connecticut, to study a representative sample of 911 calls and analyze the percentage of the calls that would be more appropriately directed to the 2-1-1 Infoline program; and
3. having DMHAS examine its Community and Law Enforcement for Addiction Recovery project.

For each initiative, a report must be submitted to the Public Safety and Security Committee by January 1, 2023 ([PA 22-64](#), §§ 3, 4 & 6, effective upon passage).

Physician Recruitment Working Group

Under a new law, the DPH commissioner, by January 1, 2023, must convene a working group to advise her on ways to enhance physician recruitment in the state. The group must report its findings to the commissioner and the Public Health Committee by January 1, 2024 ([PA 22-81](#), § 29, effective July 1, 2022).

Rare Disease Council

Starting July 1, 2023, a new law establishes a 13-member Connecticut Rare Disease Advisory Council to advise and make recommendations to DPH and other state agencies on the needs of residents living with rare diseases and their caregivers. The council is within DPH for administrative purposes only ([PA 22-58](#), § 48, effective July 1, 2022).

Telehealth Study

New legislation requires the OHS executive director to study the provision of, and coverage for, telehealth services in the state. The study must include (1) the feasibility and impact of expanding access to telehealth services, telehealth providers, and coverage for telehealth services in the state beginning July 1, 2024, and (2) any means available to reduce or eliminate obstacles to these services, including reducing patient costs. By January 1, 2023, the executive director must report the study's findings to the Public Health, Human Services, and Insurance and Real Estate committees ([PA 22-81](#), § 41, effective upon passage).

Telehealth

Hospital Facility Fees for Telehealth Services

A new law prohibits hospitals from charging facility fees for telehealth services, whether those services are provided on or off the hospital campus (existing law prohibits telehealth providers from charging facility fees) ([PA 22-81](#), § 31, effective upon passage).

Telehealth Expansion

Existing law generally sets requirements for the delivery of telehealth services and insurance coverage of these services. PA 21-9 temporarily replaces these requirements with similar, but more expansive requirements until June 30, 2023. A new law extends these more expansive requirements by one year until June 30, 2024.

Among other things, these expanded requirements include (1) allowing authorized providers to provide telehealth services via audio-only telephone and certain third-party video communication applications; (2) requiring certain health insurance policies to cover services provided via telehealth to the extent that they cover those services when provided in-person (it permanently requires this starting July 1, 2024); (3) prohibiting insurance policies from excluding coverage just because a service is provided through telehealth or for a telehealth platform the telehealth provider selects; and (4) requiring telehealth providers to accept as payment in full the amount the carrier reimburses for telehealth services (along with any imposed out-of-pocket expense) or, for patients without coverage, an amount equal to the Medicare telehealth reimbursement rate.

Additionally, the act similarly extends by one year until June 30, 2024, provisions in PA 21-9 that allow certain out-of-state providers to provide telehealth services in Connecticut. And starting July 1, 2024, it permanently authorizes specified out-of-state behavioral health service providers (e.g., social workers, psychologists, and professional counselors) to practice telehealth in Connecticut under certain conditions, such as that they maintain professional liability insurance in an amount equal to or greater than what is required in Connecticut for these providers ([PA 22-81](#), §§ 30-41, various effective dates).

Telehealth Services by Out-of-State Social Workers

A new law allows out-of-state social workers, until July 1, 2024, to provide telehealth services to a resident of another state while that resident is in Connecticut. The act allows out-of-state social workers to do this regardless of Connecticut's existing telehealth law and only under certain conditions. Specifically, the social worker must (1) be appropriately licensed in another U.S. state or territory, (2) have a preexisting professional relationship with the resident, and (3) have professional liability insurance or other professional malpractice liability indemnity that at least equals what is required for Connecticut social workers ([PA 22-47](#), § 5, effective upon passage).

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