OLR Bill Analysis

sHB 5488

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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SUMMARY

This bill makes various substantive, minor, and technical changes in public health-related statutes and programs.

EFFECTIVE DATE: Various; see below.

§ 1 — MEDICAL ASSISTANTS

Adds to the list of organizations from whom a clinical medical assistant may be certified for purposes of qualifying to administer vaccines in non-hospital settings

By law, clinical medical assistants meeting specified certification, education, training, and supervision requirements may administer vaccines in any setting other than a hospital.

The bill adds the American Medical Certification Association (AMCA) to the list of organizations from whom a clinical medical assistant may be certified for this purpose. It makes a corresponding change by adding the AMCA to the list of organizations from whom the Department of Public Health (DPH) must annually obtain a list of state residents certified as medical assistants.

Under existing law, to qualify to administer vaccines, medical assistants may also be certified by the American Association of Medical Assistants, National Healthcareer Association, National Center for Competency Testing, or American Medical Technologists.

EFFECTIVE DATE: Upon passage

§ 2 — ADVERSE EVENT REPORTING

Allows DPH to impose disciplinary action on a hospital, birth center, or outpatient surgical facility that fails to report an adverse event

By law, hospitals, birth centers, and outpatient surgical facilities must report adverse events to DPH in a specified format and generally within seven days after the event. The bill allows DPH to impose disciplinary action if any of these institutions fail to report. By law, these actions include, among other things, revoking or suspending a license, issuing a letter of reprimand, or placing the licensee on probationary status. DPH may only impose this discipline after a hearing.

Existing law already allows DPH to impose these actions if any of these institutions, after an adverse event, fails to implement a corrective action plan as required.

EFFECTIVE DATE: October 1, 2024

Background — Adverse Events

By law, an adverse event is any event that is identified on the National Quality Forum's (NQF) "List of Serious Reportable Events" or on a list compiled by DPH (CGS § 19a-127n(a)). NQF's list includes 29 events in seven categories (e.g., surgical or invasive procedure events).

§ 3 — EMS ADMINISTRATION OF GLUCAGON NASAL POWDER

Requires ambulances to be equipped with glucagon nasal powder, and under certain conditions, EMS personnel to administer it to patients

The bill requires licensed or certified ambulances to have glucagon nasal powder for emergency medical services (EMS) personnel to administer. (Glucagon nasal powder is used to treat severely low blood sugar in people with diabetes.)

Specifically, it requires EMS personnel to administer glucagon nasal powder when each of the following conditions are met:

1. the EMS professional has been trained to do so under DPH-recognized national standards,

2. the medication is administered according to written protocols and standing orders of a physician serving as an emergency department director, and

3. the EMS professional determines that administering the medication is necessary to treat the person.

The bill requires all EMS personnel to receive this training from a DPH-designated organization. Under the bill, "EMS personnel" include emergency medical technicians (EMTs), including advanced EMTs; paramedics; and emergency medical responders.

EFFECTIVE DATE: October 1, 2024

§ 4 — MARITAL AND FAMILY THERAPIST LICENSURE

Increases, from 12 to 24 months, the duration of the postgraduate experience generally required for MFT licensure

The bill increases, from 12 to 24 months, the duration of the postgraduate experience generally required for initial licensure as a marital and family therapist (MFT). (This change generally corresponds to a recent change in federal law allowing MFTs who meet certain criteria to bill Medicare independently for their mental health services.)

Under existing law, this postgraduate experience must include at least (1) 1,000 hours of direct client contact meeting certain requirements and (2) 100 hours of postgraduate clinical supervision by an MFT.

EFFECTIVE DATE: July 1, 2024

§§ 5 & 11 — FACILITY FEES

Reinstates a provision making it an unfair trade practice for a hospital, health system, or hospital-based facility to violate facility fee limits; adds injection and infusion and drug administration to the list of outpatient procedures for which these entities generally cannot collect facility fees, and makes related changes to notice requirements

Existing law limits when hospitals, health systems, and hospital-based facilities may charge facility fees for outpatient services provided off-site from a hospital campus. Starting July 1, 2024, the law also prohibits hospitals or health systems from charging facility fees for certain on-campus outpatient procedures that are not performed in the

emergency department.

The bill reinstates a provision, repealed by PA 23-171, making it an unfair trade practice (see *Background — Connecticut Unfair Trade Practices Act (CUTPA)*) to violate facility fee limits. Starting July 1, 2024, PA 23-171 also allows the Office of Health Strategy to impose civil penalties of up to $1,000 for certain violations of these limits.

Among other limits on off-site outpatient services, existing law generally prohibits hospitals, health systems, and hospital-based facilities from charging facility fees for these services that use a current procedural terminology evaluation and management (CPT E/M) code or CPT assessment and management (CPT A/M) code. The bill additionally prohibits them from charging facility fees for injection and infusion or drug administration CPT codes at these locations. As under existing law, these limits do not apply to Medicare and Medicaid patients, patients receiving services under a workers' compensation plan, or freestanding emergency departments.

The bill also adds these new codes to the list of codes for which facility fee notices must include more information than is otherwise required.

By law, a "facility fee" is any fee a hospital or health system charges or bills for outpatient hospital services provided in a hospital-based facility that is (1) intended to compensate the hospital or health system for its operational expenses and (2) separate and distinct from the provider's professional fee.

EFFECTIVE DATE: October 1, 2024

Patient Notification Requirements (§ 11(b) & (c))

Under existing law, hospitals or health systems that charge facility fees must give patients receiving outpatient services written notice about their potential financial liability. The notice must include additional information when the hospital or health system (1) uses CPT E/M or A/M codes for these services and (2) expects to charge a separate fee for professional medical services. The bill also applies the

additional notice requirements if the hospital or health system uses injection and infusion or drug administration CPT codes in these situations. (As noted above, under the bill, these fees are generally prohibited at off-campus facilities.)

Generally, the notice must include, among other things, (1) the amount of the patient's potential financial liability or (2) an estimate, based on the facility's typical or average charges, if the exact type and extent of services are unknown or the terms of the patient's insurance coverage are not known with reasonable certainty.

As under existing law, these notice requirements do not apply to Medicare or Medicaid patients or patients receiving services under a workers' compensation plan.

Background — Connecticut Unfair Trade Practices Act (CUTPA)

The law prohibits businesses from engaging in unfair and deceptive acts or practices. CUTPA allows the Department of Consumer Protection (DCP) commissioner to issue regulations defining what constitutes an unfair trade practice, investigate complaints, issue cease and desist orders, order restitution in cases involving less than $10,000, enter into consent agreements, ask the attorney general to seek injunctive relief, and accept voluntary statements of compliance. It also allows individuals to sue. Courts may issue restraining orders; award actual and punitive damages, costs, and reasonable attorney's fees; and impose civil penalties of up to $5,000 for willful violations and $25,000 for violation of a restraining order.

Background — Related Bill

sHB 5236 (File 103), § 25, favorably reported by the General Law Committee, among other things, allows DCP to impose a civil penalty of up to $5,000 for CUTPA violations, after an administrative hearing.

§ 6 — LIMITS ON BALANCE BILLING AND CREDIT REPORTING

Makes it an unfair trade practice for EMS organizations or health care institutions to (1) request payments (other than out-of-pocket expenses, such as copayments) in certain situations, such as for covered facility fees, or (2) report to a credit reporting agency if the patient fails to pay for these services

The bill makes it a CUTPA violation for a licensed EMS organization or health care institution to "balance bill" an insured (i.e., bill more than the collectable cost-sharing under the policy) for the following:

1. covered health care services or facilities fees, or

2. covered emergency services, or services at a Department of Children and Families (DCF)-licensed urgent crisis center, provided by an out-of-network provider.

The bill also makes it a CUTPA violation for licensed EMS organizations or health care institutions to bill an insured for a surprise bill (see *Background — Surprise Bills*), other than collectable cost-sharing.

Finally, it makes it a CUTPA violation for these organizations or institutions to report to a credit reporting agency when an enrollee fails to pay for any of the above when a health carrier (e.g., insurer or HMO) has primary responsibility for paying.

Under existing law, these restrictions already apply to most health care providers.

EFFECTIVE DATE: October 1, 2024

Background — Surprise Bills

Generally, a "surprise bill" is a bill for health care services (other than emergency services or DCF-licensed crisis center services) received by an insured for services by an out-of-network provider at an in-network facility during a service or procedure that was performed by an in-network provider or previously approved by the health carrier, if the insured did not knowingly elect to receive the services from the out-of-network provider (CGS § 38a-477aa).

§ 7 — STATE-TRIBAL AGREEMENT ON VITAL RECORDS FILING

Allows the governor to enter into an agreement with the state's federally recognized tribes to allow birth and death certificates to be issued by, and filed with, the tribe instead of the municipality

Existing law requires the governor to submit any compact between the state and an Indian tribe to the legislature for approval or rejection

(CGS § 3-6c). Regardless of this provision, the bill allows the governor to enter into a compact, memorandum of understanding, or agreement with any federally recognized tribe in the state over certificates for births or deaths occurring on tribal land. Specifically, they may enter an agreement allowing these certificates to be issued by, and filed with, the tribe's clerk or registrar of vital statistics, instead of the municipality's registrar.

EFFECTIVE DATE: Upon passage

§ 8 — MASTER SOCIAL WORKER LICENSURE

Allows a master social worker licensure candidate's degree to be from a program that is in the process of getting accredited, before the fall 2027 semester

By law, an applicant for a master social worker license must have a master's degree in social work. The bill allows the degree to be from a program that (1) is in the process of getting accredited by the Council on Social Work Education and (2) was offered from the spring 2024 semester and before the fall 2027 semester. Under current law, the program must already be accredited.

Existing law requires applicants educated outside of the country to have passed an educational program that the council deems equivalent.

EFFECTIVE DATE: Upon passage

§ 9 — HAIRDRESSER AND COSMETICIAN LICENSURE TESTING ACCOMMODATIONS

Requires the DPH commissioner to notify hairdresser and cosmetician licensure applicants that they may be eligible for certain testing accommodations

The bill requires the DPH commissioner to notify hairdresser and cosmetician licensure applicants approved to take the written licensure examination that they may be eligible for testing accommodations under the federal Americans with Disabilities Act or other accommodations determined by the state Examining Board for Barbers, Hairdressers and Cosmeticians. Under the bill, these accommodations may include (1) using a dictionary while taking the licensure examination or (2) additional time to complete it.

EFFECTIVE DATE: October 1, 2024

§ 10 — FLUOROSCOPY BY ADVANCED PRACTICE REGISTERED NURSES

Allows APRNs meeting certain requirements to use fluoroscopy for diagnostic and therapeutic procedures

The bill authorizes advanced practice registered nurses (APRN) to use fluoroscopy to guide diagnostic and treatment procedures if they meet certain training, experience, and examination requirements.

Under the bill, to use fluoroscopy, an APRN must do the following:

1. complete 40 hours of relevant instruction that includes radiation biology and physics, exposure reduction, equipment operation, image evaluation, quality control, and patient considerations;

2. complete 40 hours of supervised clinical experience that includes a demonstration of patient dose reduction, occupational dose reduction, image recording, and equipment quality control; and

3. pass a DPH-prescribed test.

Under the bill, documentation that an APRN has met these requirements must be kept at the APRN's worksite and be available to DPH upon request.

EFFECTIVE DATE: October 1, 2024

§§ 12-29 — TECHNICAL CHANGES

Makes technical changes in various statutes

The bill makes technical changes in various public health-related statutes.

EFFECTIVE DATE: Upon passage (§§ 12-22) or October 1, 2024 (§§ 23-29).

§ 30 — NATUROPATH SCOPE OF PRACTICE COMMITTEE

Requires DPH to conduct a scope of practice review on whether naturopathic physicians should be allowed to prescribe, dispense, and administer prescription medication and if so, whether DPH should establish qualifications for this or develop a naturopathic formulary

The bill requires the DPH commissioner to conduct a scope of practice review, under the existing process for scope of practice review

committees, to determine whether (1) naturopathic physicians should be allowed to prescribe, dispense, and administer prescription medication and (2) if so, DPH should establish educational, examination, or other qualifications for this or develop a naturopathic formulary. The commissioner must report the committee's findings and recommendations to the Public Health Committee by January 1, 2025.

Existing law establishes a process to review requests from health care professions seeking to establish or revise a scope of practice prior to consideration by the legislature. Within available appropriations, DPH appoints members to scope of practice review committees. The committees consist of (1) the DPH commissioner or her designee (who serves as the committee chairperson and in a non-voting capacity); (2) two members representing the profession making the request; and (3) two members recommended by each person or entity that submitted a written impact statement to represent the professions directly impacted by the request. DPH may also appoint additional members representing health care professions with a close relationship to the underlying scope of practice request (CGS § 19a-16e).

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 23 Nay 13 (03/22/2024)