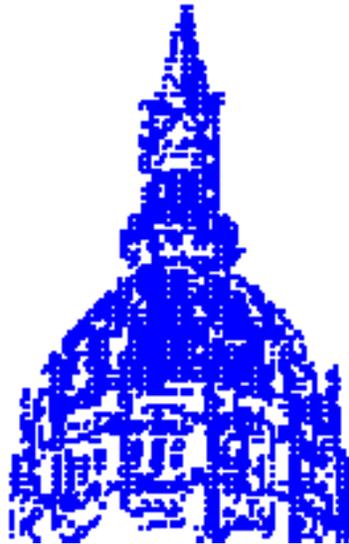


2001  
ACTS AFFECTING

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HEALTH  
PROFESSIONS

Office of Legislative Research



Prepared for members of the  
Connecticut General Assembly  
by  
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## **NOTICE TO READERS**

This report provides brief summaries of the 2001 public acts affecting health professions. Not all provisions of the acts are included. Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library or the House Clerk's office. *Highlights of the Revised FY 02 Budget and Statutory Formula Grants to Municipalities* is available from the Office of Fiscal Analysis. Complete summaries of all public acts passed during the 2001 session will be available in early fall when OLR's Public Act Summary book is published.

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## **ACUPUNCTURE**

A new law authorizes the Department of Public Health (DPH) to license as an acupuncturist, by July 30, 2001, a person who has (1) passed the National Commission for the Certification of Acupuncturists written examination by test or credentials review, (2) successfully completed the practical examination of point location skills offered by the national commission, and (3) successfully completed the clean needle technique course offered by the Council of Colleges of Acupuncture and Oriental Medicine. **(PA 01-4**, June Special Session (JSS), *effective October 1, 2001*)

## **ANESTHESIA USE IN CERTAIN FACILITIES**

A new law establishes accreditation requirements for unlicensed health care facilities (e.g. physician's office) where certain levels of anesthesia are administered. Health care practitioners or practitioner groups operating unlicensed facilities must meet at least one of four specified accreditation standards before using moderate or deep sedation/analgesia or general anesthesia. The standards are those established by (1) Medicare, (2) the Accreditation Association for Ambulatory Health Care, (3) the American Association for Accreditation of Ambulatory Surgery Facilities, or (4) the Joint Commission on the Accreditation of Healthcare Organizations. Dentists with DPH-issued permits to use general anesthesia or conscious sedation are exempt from these requirements. Accreditation is

required by January 1, 2002, or 18 months after the date on which such anesthesia is first administered at the facility, whichever is later. After that time, such anesthesia cannot be used without accreditation. The practitioner or group must keep evidence of its accreditation at the office and make it available, upon request, to DPH.

This law specifies that it does not relieve licensed practitioners, practitioner groups, or health care facilities and institutions from applicable state licensure and certificate of need requirements. It allows the Medical Examining Board to restrict, suspend, or revoke a physician's license or take other disciplinary action against a physician (1) engaging in activities requiring accreditation without having such accreditation or (2) failing to provide accreditation evidence to DPH upon request. **(PA 01-50**, *effective July 1, 2001*)

## **AUTOPSIES**

Unless the Chief Medical Examiner's Office performs it, the law prohibits a physician from performing an autopsy without the consent of the person who assumes custody of the body. Beginning January 1, 2002, a new law requires that consent be documented and witnessed according to minimum requirements for an informed consent form DPH develops in consultation with the chief medical examiner.

DPH's minimum requirements must also provide for (1) giving the person who assumes custody of the body an opportunity to limit the autopsy or express concerns about it and (2) clearly naming the

institution and department that will perform the autopsy. They must contain procedures for communicating this information orally. Prior law allowed the consenting person to require a physician who is not affiliated with the institution where the deceased died to perform or attend the autopsy. The new law, instead, allows that person to arrange for an autopsy to be performed in any institution that routinely performs autopsies and by any physician qualified to do so at that institution. It makes this person responsible for paying for the autopsy and associated services.

It requires institutions that perform autopsies to include this information in their patient's bill of rights and all written descriptions of their autopsy policy. A copy of the patient's bill of rights must be given to the person assuming custody of the body before he signs an autopsy consent form. The information must be in a language that person understands. DPH's minimum requirements for an informed autopsy consent form must include procedures for the person receiving these documents to acknowledge receipt in writing or orally.

Anyone who fails to provide the proper information for consent and, potentially, anyone who fails to pay a nonaffiliated physician, is subject to a fine of up to \$500.

The new law specifies that, after December 31, 2001, consent can be communicated in person; by mail, telephone, or courier; or electronically, as long as it is witnessed and documented. Previously, consent could be given in writing or by telegram or telephone, and it did not need to be

witnessed. If it was given by telephone, the physician had to keep a record of it for at least three years. This law eliminates this requirement for telephone consents after December 31, 2001. **(PA 01-122, effective October 1, 2001)**

## **CHIROPRACTORS**

A new law authorizes DPH to license as a chiropractor, by July 30, 2001, a person who has (1) graduated from an accredited chiropractic school approved by the state chiropractic board with the consent of DPH, (2) successfully completed parts 1, 2 and 3 and the physiotherapy portion of the National Board of Chiropractic Examiners Portion exam, (3) current licensure in another state and no disciplinary history, and (4) practiced for at least 20 years, with at least one year being within the previous two. Anyone licensed in this manner must successfully complete the practical examination requirement before his license expires. If not, the individual cannot renew his license. **(PA 01-4, JSS, effective October 1, 2001)**

## **DENTAL HYGIENISTS**

Existing law allows a dental hygienist with at least two years experience to work without a dentist's supervision in public health facilities. A new law expands the definition of "public health facilities" to include a preschool operated by a local board of education or a head start program, in addition to community health centers, group homes and schools, which are already covered. **(PA 01-2, JSS, effective July 1, 2001)**

Another new law adds dental hygienists and registered nurses to those eligible for the state loan repayment program for primary care clinicians. (PA 01-4, JSS, effective October 1, 2001)

## **ELECTROLOGISTS/HYPERTRICHOLOGIST**

Under a new law, the terms “electrologists” and “electrology” are substituted for “hypertrichologists” and “hypertrichology” throughout the statutes licensing the practice of hypertrichology. Hypertrichology, now called “electrology” under the law, is the permanent removal of superfluous hair by electrical or other methods approved by DPH. The Board of Examiners of Hypertrichologists is renamed the Board of Examiners of Electrologists. The new law makes no substantive changes regarding the practice of electrology or DPH licensure of electrologists. (PA 01-109, effective October 1, 2001)

## **EMERGENCY MEDICAL SERVICES**

### ***Recertification***

A new law gives emergency medical service (EMS) personnel whose certification expires after December 31, 2000 a 90-day grace period during which they can continue to perform their EMS duties while meeting DPH recertification requirements. The certificate is void when the 90 days end.

This law establishes three different recertification requirements for EMS personnel whose

certification has expired, depending on how long it has been since their certification lapsed. These apply to emergency medical technicians (EMT), EMT-intermediates, medical response technicians, and EMS instructors.

1. If a person’s certification expired less than one year before he applies for reinstatement, he must meet the recertification training requirements specified in DPH regulations.
2. If a person’s certification has lapsed for more than one but less than three years from the date he applies for reinstatement, he must complete the training requirements for recertification and pass the test required for initial certification.
3. If a person’s certification has lapsed for three or more years from the date he applies for reinstatement, he must complete all the training and examination requirements for initial certification.

Current DPH regulations require personnel whose certificate has lapsed to meet initial certification requirements regardless of the time elapsed since their certificates expired.

Finally, it requires DPH to adopt regulations governing issuing, renewing, reinstating, and recertifying EMS personnel licenses and certifications. DPH was previously authorized only to adopt regulations governing statewide certification standards for EMS personnel and for recertifying EMS

personnel who completed six years of continuous service. **(PA 01-1, effective February 7, 2001)**

### ***Automatic External Defibrillators (AED)***

A new law specifies that paid or volunteer firefighters or police officers, ski patrol members, lifeguards, conservation officers, patrol or special police officers of the Department of Environmental Protection, or EMS personnel who have been trained in the use of an AED in accordance with American Red Cross or American Heart Association standards are not subject to additional requirements except recertification in order to use such a defibrillator. **(PA 01-4, JSS, effective October 1, 2001)**

### ***EMS Rates***

Existing law requires the DPH commissioner, through the Office of Emergency Medical Services, to set maximum allowable rates for all levels of emergency medical services. A new law, specifies that rate increases not exceeding the prior year's National Health Care Inflation Rate Index, as published by the federal Department of Labor, are deemed approved by the commissioner if properly filed with the department. Those seeking rate increases exceeding the inflation index must provide DPH with detailed financial information. **(PA 01-4, JSS, effective July 1, 2001)**

### ***Emergency Vehicles***

This act allows any vehicle operated by a volunteer emergency medical technician or member of a

volunteer fire department or company to use flashing white headlamps on the way to a medical emergency or fire scene. The vehicle operator must get written authorization from the town's chief law enforcement officer and may use the headlamps only in the town or "from a personal residence or place of employment" if located in an adjoining town. The authorization may be revoked for violation.

The act increases, from \$50 to \$200, the maximum fine for willfully or negligently obstructing or impeding an emergency vehicle responding to an emergency. **(PA 01-192, effective October 1, 2001)**

### **EXPERT WITNESSES**

A new law allows signed reports and bills of certain health care professionals to be introduced as business entry evidence without calling the professional to testify in all civil actions, rather than only personal injury, child support, and family relations matters. Such evidence is used to establish the type and cost of treatment a party received.

It applies to cases pending on and after October 1, 2001 and covers the same health providers as existing law: treating physicians, dentists, physical therapists, podiatrists, psychologists, emergency medical technicians, and optometrists. **(PA 01-15, effective October 1, 2001)**

### **GYNECOLOGIC CANCERS- INFORMATIONAL MATERIALS**

A new law directs DPH to develop an informational pamphlet on gynecologic cancers such as

cervical, ovarian and uterine cancer. It must have standardized information in plain language on the cancers including (1) signs and symptoms, (2) risk factors, (3) benefits of early detection through diagnostic testing, (4) treatment options, and (5) other information DPH finds necessary. DPH must prepare multilingual versions of the pamphlet and make them available to hospitals, physicians and other health care providers for use by patients. **(PA 01-4, JSS, effective July 1, 2001)**

### **HEALTH CARE GUARDIANS**

A new law requires the state to indemnify court-appointed health care guardians to the same extent and under the same conditions as state officers and employees. Health care guardians are licensed health care providers with specialized training in treating people with psychiatric disabilities. The court appoints them to represent the health care interests of criminal defendants when determining whether to order involuntary medication to make them competent to stand trial.

The attorney general must defend a guardian under the same conditions as he would defend state officers and employees. Specifically, the act requires him to defend the guardian in any civil action or proceeding, unless he decides, based on his investigation, that it would be inappropriate and notifies the guardian in writing.

The act requires the state to pay a guardian's legal costs and fees under the same conditions that apply to state officers and employees. It also specifies that

claims against these guardians do not have to be brought to the claims commissioner. **(PA 01-41, effective October 1, 2001)**

### **HEARING INSTRUMENT SPECIALISTS**

A new law clarifies that "hearing aid dealers" are now known as "hearing instrument specialists" in the statutes. **(PA 01-4, JSS, effective July 1, 2001)**

### **HIGH-RISK NEWBORN CARE**

A new law requires the Department of Children and Families (DCF) to adopt regulations by October 1, 2002, concerning procedures for the principal providers of daily direct care to "high-risk" newborns in hospitals (e.g., nurses and nursing assistants) to participate in ongoing DCF functions concerning the infant and in planning for the infant's discharge from the hospital. It defines a high-risk newborn as one who meets DCF regulatory or policy criteria.

This law also requires all birthing hospitals to provide education and training for nurses and other staff who care for high-risk newborns on their responsibilities as mandated child abuse and neglect reporters. The law requires physicians and interns, registered and licensed practical nurses, physician's assistants, and any person paid to care for a child in any public or private facility, among others, to report to DCF within 24 hours of having reasonable cause to believe a child has been abused or neglected and to follow up with a written report

within 48 hours. **(PA 01-190, effective October 1, 2001)**

### **HIV TESTING-LIABILITY**

A new law prohibits any cause of action for civil assault, civil battery, invasion of privacy, or failure to get informed consent, against an acute care general hospital or any other provider responsible for administering an HIV-test on a newborn infant or pregnant women based on the claim that the test was done without consent. But it does not relieve a person from liability for negligence (1) in administering the test, (2) in reporting or distributing test results, (3) related to counseling about treatment, or (4) in the treatment of the patient. The bill specifies that it does not eliminate or limit any defense to a cause of action alleged against a hospital or provider. **(PA 01-4, JSS, effective July 1, 2001)**

### **INSURANCE COVERAGE ISSUES**

A new law:

1. requires certain group and individual health insurance policies to cover routine patient care costs associated with cancer clinical trials for treatment or palliation and Phase III trials for prevention that involve therapeutic intervention;
2. prohibits the use of drug formularies, lists of covered drugs, or other restrictions on obtaining prescription drugs for mental health treatment;
3. expands coverage of mammograms by certain individual and group health

insurers by requiring coverage of an annual mammogram beginning at age 40 instead of 50;

4. requires health insurers to cover pap smear tests conducted as part of primary and preventive services that participating in-network obstetrician-gynecologists must by law provide female enrollees who choose to have direct access to such providers;
5. requires certain individual and group health insurance policies to cover colorectal cancer screening, including (a) an annual fecal occult blood test and (b) a colonoscopy, flexible sigmoidoscopy, or radiologic imaging; and
6. requires certain group and individual health insurance policies to provide limited coverage for hearing aids for children.

The cancer clinical trial, hearing aid, and colorectal screening coverage requirements apply to hospital and medical coverage offered by HMOs and policies that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, and (4) hospital or medical services. Mammogram coverage requirements for individual policies also apply to accident only and limited benefit health coverage. Coverage applies to policies delivered, issued for delivery, renewed, amended, or continued in the state on or after October 1, 2001, except for cancer clinical trial coverage, which applies to such policies beginning January 1, 2002. **(PA 01-171, effective**

*October 1, 2001, except the cancer trials provisions take effect January 1, 2002)*

Beginning October 1, 2001, a new law requires individual and group health insurance policies to cover medically necessary specialized nutritional formula administered under a doctor's direction and used to treat disease and other conditions in children up to age three. The act defines "specialized formula" as a nutritional formula for children up to age three that is (1) used solely under medical supervision in the dietary management of specific diseases and (2) exempt from the general nutritional labeling requirements under federal Food and Drug Administration's statutory and regulatory guidelines. The requirement applies to hospital and medical coverage offered by HMOs and accident-only policies, and to health insurance policies that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, and (4) hospital or medical services. The plan or policy must be delivered, issued for delivery, or renewed in the state on or after October 1, 2001. **(PA 01-101, effective October 1, 2001)**

### **MARITAL AND FAMILY THERAPISTS**

A new law authorizes DPH to license as a marital and family therapist, by July 30, 2001, a person who has (1) earned a master's degree in counseling and guidance before 1980, (2) passed the licensing exam for marital and family therapy before 2000, (3) current licensure in another state

(4) current clinical membership in the American Association of Marriage and Family Therapy and (5) no disciplinary history. **(PA 01-4, JSS, effective July 1, 2001)**

### **MESSAGE THERAPISTS**

A new law establishes an additional alternative licensure route for certain out-of-state massage therapist license applicants. The applicant must have graduated from a massage therapy school with at least a 500 classroom-hour program with the instructor present. When the applicant graduated, the school must have been accredited by either (1) an agency recognized by the U.S. Department of Education or by a state board of postsecondary technical trade and business schools or (2) the Commission on Massage Therapy Accreditation. The applicant must also successfully complete the National Certification Examination for Therapeutic Massage and Bodywork. **(PA 01-4, JSS, effective July 1, 2001)**

### **MEDICAID MANAGED CARE-DENTAL AND BEHAVIORAL HEALTH SUBCONTRACTORS**

A new law gives managed care organizations (MCOs) that enter into Medicaid managed care contracts on or after October 1, 2001 to serve children in the HUSKY program (either Part A or B) primary responsibility for ensuring that their behavioral health and dental subcontractors adhere to the contract between the Department of Social Services (DSS) and the MCO, including providing timely payments

to providers and interest payments. It requires each MCO to submit to DSS a claims aging inventory report that includes date on all services paid by the subcontractors, in accordance with the terms of the MCO's contract with DSS.

It requires DSS, either at the initial contract or during a renewal, to require that the MCO impose a performance bond, letter of credit, statement of financial reserves, or payment-withhold requirement on these subcontractors. The amount of any such guarantee that DSS requires MCO must be sufficient to assure the settlement of provider claims in the event the contract between the MCO and the subcontractor is terminated.

It also requires the MCO, at these junctures, to negotiate and enter into a contract termination agreement with these subcontractors that must include, at a minimum, provisions concerning financial responsibility for the final settlement of provider claims and data reporting to DSS. The MCO must submit reports to DSS, at times DSS determines, concerning payments made from performance bonds or payment withholds, the timeliness of claim payments to providers, and the payment of interest to them.

The new law requires MCOs to submit a plan for resolving any outstanding claims submitted by providers to a previous behavioral health or dental subcontractor before DSS will approve a contract between the MCO and a subcontractor. The plan must include a claims aging inventory report that complies with the contract between DSS and the MCO.

**(PA 01-2, JSS, effective October 1, 2001)**

## **MRI ACTIVITIES**

A new law establishes accreditation requirements for health care practitioners and groups using or replacing magnetic resonance imaging equipment (MRI) or providing MRI services. It requires a licensed practitioner or practitioner group to get MRI accreditation from the American College of Radiology for all equipment, services, and personnel involved by January 1, 2002 or 18 months after the date when it first conducts MRI activities, whichever is later. After that time, no MRI activity can be performed without accreditation. The practitioner or group must keep evidence of the accreditation at the facility where the MRI equipment is used or service is provided. It must be available for inspection, upon request, by DPH. **(PA 01-50, effective July 1, 2001)**

## **NAIL TECHNICIANS**

A new law eliminates DPH's nail technicians licensure program (which had not been implemented). **(PA 01-4, JSS, effective July 1, 2001)**

## **NURSING**

### ***Nursing Home Staffing Levels***

For FY 2002-03 and FY 2003-04, a new law allows the DSS commissioner, within available appropriations, to provide rate relief to enhance staffing in nursing

homes. It requires that priority for such available funding be given to those facilities whose staffing ratios:

1. for the first year, are below two hours per patient per day for care from nurse's aides, .75 hour registered and licensed nurses, and 2.75 hours total care (these are the minimum levels suggested by phase 1 of a study sponsored by the federal Department of Health and Human Services) and
2. for the second year, are below two hours per patient per day for nurse's aides, one hour for registered and licensed nurses, and three hours for total care provided (these are the preferred levels from the same federal study).

This law covers both chronic and convalescent nursing homes (CCNHs), which provide skilled nursing care, and rest homes with nursing supervision (RHNSs), which provide intermediate care. Currently, CCNH and RHNS minimum staffing requirements are set by state regulation and are found in the Public Health Code. **(PA 01-2, JSS, effective October 1, 2001)**

### ***Nursing Articulation Agreements***

A new law requires the Advisory Council on Student Transfer and Articulation (ACSTA) to develop a plan for coordinating the creation of articulation agreements in specific areas among public institutions of secondary and higher education, and report its progress to the General Assembly. Articulation agreements are written arrangements among educational

institutions to ensure students a successful transition between them. The ACSTA must develop the plan by July 1, 2002 and implement it by July 1, 2004.

It also requires the boards of trustees of the public and private colleges and universities to plan and implement articulation agreements for students pursuing degrees in nursing. The boards must develop a plan by July 1, 2002 and implement it by July 1, 2004.

The act requires the boards of trustees for the CTCs, CSU, UConn, Charter Oak State College, the Bridgeport Hospital School of Nursing and the state's independent colleges to ensure that there are articulation agreements between the nursing programs to assist nurses in advancing their education and nursing credentials. **(PA 01-165, effective upon passage)**

### ***RN Repeal***

A new law repeals an old one requiring DPH to reinstate, without conditions, a registered nurse whose license was void for failure to pay the annual license fee in 1998 or 1999. **(PA 01-4, JSS, effective July 1, 2001)**

### **NURSING HOME OWNERS AND OPERATORS**

A new law requires applicants for licenses to establish, conduct, operate or maintain a nursing home to submit to state and national criminal history checks. Under prior law, the State Police was required to assist DPH with criminal background investigations. **(PA 01-175, effective July 1, 2001).**

## **OCCUPATIONAL THERAPY SERVICES**

A new law requires the DSS commissioner, in consultation with DPH, to study the cost and savings related to requiring occupational therapy services in nursing facilities. The commissioner must submit the report to the Human Services, Public Health, Insurance and Real Estate, and Appropriations committees by February 1, 2002. **(PA 01-4, JSS, effective July 1, 2001)**

## **PHARMACISTS**

A new law requires employers, their workers' compensation insurers, or any other entity acting on behalf of the employer or insurer to pay pharmacists directly for prescriptions related to employees' work-related injuries. It requires employers that provide workers' compensation medical benefits through a managed care plan to identify all participating pharmacies. The act also specifically requires employers that become aware of an employee's work-related injury to provide whatever prescription drugs a physician or surgeon deems necessary. Employers are already required to provide whatever "medical and surgical aid or hospital and nursing service" a physician or surgeon deems necessary. That requirement has been interpreted to include prescription drugs. **(PA 01-85, effective January 1, 2002)**

## **PRIMARY CARE CASE MANAGEMENT (PCCM)**

A new law authorizes the DSS commissioner to implement a mandatory PCCM program to provide medical assistance to State Administered General Assistance and General Assistance (Norwich only) recipients. It permits her to enter into contracts for medical services and program management to implement the program. PCCM is generally recognized as a system of health care in which an assigned primary care provider coordinates the health care services for beneficiaries and is paid an additional fee for providing this service. **(PA 01-2, JSS, effective July 1, 2001)**

## **PROFESSIONAL COUNSELORS**

### ***Continuing Education***

When applying for license renewal, a new law requires licensed counselors to provide satisfactory evidence to the DPH commissioner of participation in continuing education programs. DPH must adopt regulations that (1) define basic continuing education program requirements, (2) delineate qualifying programs, (3) establish a control and reporting systems, and (4) provide for continuing education waivers for good cause. **(PA 01-4, JSS, effective October 1, 2001)**

## ***Professional Counselors in Hospitals***

A new law specifies that a professional counselor license is not required for a person with a master's degree in a health or human services-related field working in a hospital and performing counseling services under the supervision of a physician, psychologist, advanced practice registered nurse, mental and family therapist, clinical social worker, or professional counselor. **(PA 01-4, JSS, effective July 1, 2001)**

## ***Alternative Licensure***

A new law provides an alternative route to licensure for certain professional counselors. Before December 30, 2001, DPH can license an applicant who: (1) has at least a 34-hour master's degree, sixth-year degree, or doctoral degree from a regionally accredited higher education institution with a social work, marriage and family therapy, counseling, psychology, or forensic psychology major; (2) practiced professional counseling for a least two years of the five years immediately before license application; and (3) passed a DPH-prescribed examination. **(PA 01-04, JSS, effective July 1, 2001)**

That same law also authorizes DPH to license as a professional counselor, by July 30, 2001, a person who has (1) earned a master's degree in counselor education before 1980, (2) practiced professional counseling for at least 10 years immediately before applying for licensure, (3) current certification by the American Nurses

Association as a psychiatric nurse, and (4) passed the national clinical mental health counseling exam.

It also allows DPH to license as a professional counselor, by July 30, 2001, a person who has (1) a master's degree in counselor education before 1980, (2) practiced professional counseling for at least 10 years immediately before applying, and (3) passed a DPH prescribed exam. **(PA 01-04, JSS, effective July 1, 2001)**

## **PSYCHOLOGISTS**

A new law allows DPH to issue a psychologist's license by endorsement to a person having a current certificate of professional qualification from the Association of State and Provincial Psychology Boards (ASPPB).

While this law does not define "licensure by endorsement," the term generally means that the state can grant a practitioner licensed in another state a license to practice here if his professional credentials satisfy the state's licensing requirements. Existing law allows DPH to license as a psychologist an applicant who is a currently practicing and competent practitioner with a license from another state with standards substantially equivalent to Connecticut's. The new law gives DPH the option of accepting the ASPPB certificate. **(PA 01-86, effective October 1, 2001)**

## **PSYCHOTROPIC DRUG USE BY CHILDREN**

A new law requires local and regional school boards to adopt and implement policies prohibiting

school personnel from recommending that a child use psychotropic drugs. It specifies that it does not prohibit (1) school medical staff from recommending appropriate evaluation of a student by a medical practitioner and (2) school personnel from consulting with the medical practitioner with the consent of the child's parents or guardian.

It also specifies that a parent's refusal to administer or consent to administration of psychotropic drugs to a child does not, by itself, constitute grounds for (1) the Department of Children and Families (DCF) to take the child into custody or (2) a court to order that the child be taken into DCF custody, unless that refusal results in the child's abuse or neglect. **(PA 01-124, effective October 1, 2001)**

### **SAFE NEEDLES**

A new law exempts the UCONN School of Dental Medicine and its dental clinic from the law requiring health care facilities or institutions with public employees to use only safe needle devices until manufacturers design and make needles with self-contained secondary precautionary type sheathing devices for dental medicine. **(PA 01-4, June Special Session, effective July 1, 2001)**

### **TIMELY PAYMENTS TO HEALTH CARE PROVIDERS**

#### ***Definition of "Health Care Provider" & Entities Responsible for Payment***

By law, insurers must pay claims

within 45 days of receiving a health care provider's request for payment filed according to the insurer's practices. If the information needed to process the claim is deficient, the insurer must (1) send written notice to the provider of all alleged deficient information needed to process the claim within 30 days after the insurer receives it and (2) pay within 30 days after receiving the requested information.

A new law specifies that "health care provider," for purposes of prompt claims payment, includes physicians and surgeons, chiropractors, naturopaths, podiatrists, athletic trainers, physical therapists, occupational therapists, alcohol and drug counselors, radiographers and radiologic technicians, midwives, nurses, nurse's aides, dentists, dental hygienists, optometrists, opticians, respiratory care practitioners, pharmacists, psychologists, marital and family therapists, clinical social workers, massage therapists, dietician-nutritionists, acupuncturists, and professional counselors. It also includes licensed health care institutions such as hospitals; residential care homes; health care facilities for the handicapped; nursing homes; rest homes; home health care agencies; homemaker-home health aide agencies; mental health facilities; substance abuse treatment facilities; student infirmaries; facilities providing services for the prevention, diagnosis, and treatment of human health conditions; and residential facilities for the mentally retarded and certified by Medicaid as intermediate care facilities for the mentally retarded.

Insurers failing to make payments within the required times must pay the claimant the claim amount plus 15% annual interest. Failure to make these timely payments is also an unfair method of competition or an unfair and deceptive act or practice in the insurance business and subjects the violator to penalties, including (1) a stop order, (2) monetary penalties, or (3) license surrender. **(PA 01-111, effective October 1, 2001)**

Another new law requires all entities responsible for payment under an insurance policy, not just insurers, to make timely payments to health care providers.

The law subjects any entity responsible for payment to a provider to these prompt payment processes, deadlines, and penalties. **(PA 01-4, JSS, effective October 1, 2001)**

## **VITAL RECORDS**

A new law makes a number of substantive and technical changes in the statutes on vital records, affecting both DPH and local registrars of vital statistics. It: (1) specifies that vital records include fetal death certificates in addition to birth, marriage, and death certificates and makes the necessary conforming changes; (2) allows DPH and local registrars to transmit and register vital records electronically and defines terms to address vital records in both electronic and paper format; (3) makes a number of changes concerning birth certificates addressing access, confidentiality, data usage, copies, paternity acknowledgements, name changes, and adoption; (4) allows certain people to access Social

Security numbers on marriage licenses and death certificates; (5) allows funeral directors and embalmers licensed in states with reciprocal agreements with Connecticut to undertake a number of activities here; (6) requires DPH to develop uniform procedures concerning vital records and modifies its regulatory authority; (7) clarifies how DPH must administer the state system of registration of births, marriages, deaths, and fetal deaths; (8) standardizes the fees for vital record, including setting the same \$2 fee for recording fetal deaths as for other vital records; and (9) eliminates outdated or contradictory provisions. **(PA 01-163, effective October 1, 2001)**

JK:eh