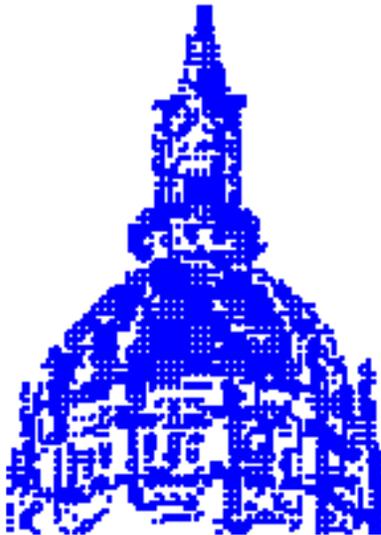


Office of Legislative Research
Connecticut General Assembly



OLR ACTS AFFECTING

HEALTH PROFESSIONS



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NOTICE TO READERS

This report provides brief highlights of public and special acts affecting health professions enacted during the 2002 regular and special sessions.

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, the House Clerk's office, or the General Assembly's website (<http://www.cga.state.ct.us/default.asp>). Complete summaries of all public acts passed during the 2002 regular session will be available in early fall when OLR's *Public Act Summary* book is published, and some are now available on the OLR website (<http://www.cga.state.ct.us/olr/publicactsummaries.asp>)

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ALCOHOL AND DRUG COUNSELORS

PA 02-75 requires alcohol and drug counselors (substance abuse counselors) employed by the Department of Correction (DOC) to be licensed or certified, depending on when they are hired. This does not apply to trainees or student interns. The law previously exempted all state-employed alcohol and drug counselors from licensure and certification.

Under the act, anyone DOC hires on or after October 1, 2002 as a substance abuse counselor or supervisor must be a licensed or certified alcohol and drug counselor. Those counselors or supervisors already employed by DOC before October 1, 2002 have five years to become licensed or certified (until October 1, 2007). Anyone employed by DOC on or after October 1, 2007 also must be licensed or certified. This act takes effect October 1, 2002.

CHIROPRACTORS

A new law authorizes DPH to license as a chiropractor, within 30 days of the bill's effective date, a person who has (1) graduated from an accredited chiropractic school approved by the state chiropractic board with DPH consent, (2) current licensure in at least two other states, (3) has practiced chiropractic for at least 20 years, and (4) served as dean of an approved chiropractic school in a Connecticut college or university for at least five consecutive years and as a clinical

sciences professor during the same period. (HB 6004, May 9 Special Session, effective upon passage)

COLLABORATIVE PRACTICE-PHYSICIANS AND PHARMACISTS

A new law permits physicians and hospital pharmacists to enter collaborative agreements to manage the drug therapy of individuals receiving inpatient hospital services. The agreements must be based on written protocols and approved by the hospital. They can authorize a pharmacist to implement, modify, or discontinue a drug therapy the physician prescribes for the patient. He can also order associated lab tests and administer drugs. All treatments must be based on a written protocol specific to each patient.

The act allows the public health commissioner, in consultation with the consumer protection commissioner, to adopt regulations governing the minimum content of these collaborative agreements, the written protocols, and any other areas necessary to carry out the act's purpose. (PA 02-41, effective October 1, 2002)

CREMATORIES

A new law requires DPH to inspect crematories annually and issue and renew inspection certificates. It sets a \$250 certificate renewal fee. By law, DPH must also approve plans for new crematories and inspect and approve them before they can begin operating. The initial inspection and approval fee is \$1,000.

The act requires DPH to issue an inspection certificate when it first

approves a crematory's operation. It requires the certificate holder (which could be a funeral home, public agency, or independent operator) to apply annually in writing to renew the certificate. The application must be submitted by July 1 and be accompanied by a \$250 fee. The renewal is good for one year unless subsequently revoked or suspended.

The act requires DPH to inspect the crematory after it receives the renewal application. The inspections can be conducted by someone DPH designates or by a representative of the DPH commissioner. The crematory must be open for inspection at all times; DPH may inspect whenever it deems advisable.

If DPH's inspection finds a crematory's condition is detrimental to public health, the act requires it to notify the applicant or crematory operator of his right to a hearing pursuant to DPH regulations. If the commissioner finds cause at the hearing to do so, he may revoke, suspend, or refuse to renew an inspection certificate. A person aggrieved by the commissioner's finding or action may appeal to Superior Court. (PA 02-67, effective October 1, 2002)

DENTISTS AND DENTAL PRACTITIONERS

Connecticut passed legislation in the 2002 session addressing mercury and dental amalgam. PA 02-90 bans, as of July 1, 2003 the use of mercury amalgam by vocational dental education or training schools unless the school has developed and implemented a DEP-approved plan to use best management practices to prevent improper discharges and to properly

handle, recycle, or dispose of waste elemental mercury and amalgam. Such a plan also must teach students about mercury hazards and best management practices.

PA 02-90 also requires anyone who offers for sale, distributes for promotional purposes, or provides elemental mercury to a dental practitioner to provide a federally prescribed Material Safety Data Sheet (MSDS). Starting July 1, 2003, such practitioners must (1) use the mercury only for dental purposes; (2) store, use, and handle exposure to such mercury according to ADA guidelines, state, and federal law, and any applicable best management practices the state adopts; and (3) dispose of the elemental mercury according to state and federal law.

This act takes effect July 1, 2002.

DOCUMENTS AFFECTING HEALTH CARE DECISION-MAKING

PA 02-105 requires people to honor documents executed by one adult designating another adult to make certain decisions on the maker's behalf and giving the designee limited rights or responsibilities. These documents must be recognized:

1. in psychiatric hospitals, when informed consent for medical treatment is required from someone other than the patient;
2. in nursing homes, when private visitation and room transfer decisions are made;
3. in health care settings, when medical personnel (a) need information about a patient's wishes from people other

- than the patient or (b) plan to withdraw life support; and
4. in the workplace, when an employee receives an emergency telephone call.

This act takes effect October 1, 2002

ELIMINATION OF CERTAIN HEALTH CARE COVERAGE

PA 02-7, May 9 Special Session, eliminates coverage in the State-Administered General Assistance (SAGA) and town General Assistance programs (Norwich only) for eye care, optical hardware, optometry, podiatry, chiropractors, and naturopaths. It also eliminates home health coverage in the SAGA and GA medical programs.

This act also requires the DSS commissioner to amend the Medicaid state plan to implement provisions in PA 02-1, May 9 Special Session, concerning elimination of Medicaid optional services. This takes effect upon passage.

EMERGENCY MEDICAL SERVICES (EMS)

Health Insurance Coverage for Ambulance Services

PA 02-124 eliminates the \$500 maximum ambulance service benefit required in certain individual and group health insurance policies and instead makes the cap the maximum allowable rate established by DPH. It also expands ambulance coverage for group policyholders.

The act requires individual, as well as group policies that cover ambulance services, to pay ambulance service providers directly, if the service is an emergency and (1) it complies with

the act and (2) is not paid from another source. It also adds health care centers, including HMOs and other entities, to the list of providers that are exempt from the direct payment requirement if the centers or other entities have a direct payment contract with the service. Under prior law, only transactions between ambulance service providers and insurers, hospitals or medical service corporations were eligible for the exemption.

The act requires only that group policy coverage for ambulance services be medically necessary. Under prior law, coverage was required (1) in emergencies and (2) when the insured was admitted as an inpatient.

The act applies to individual and group policies that pay (1) basic hospital expense, (2) basic medical-surgical expenses, (3) major medical expenses, (4) accident-only expenses, (5) hospital or medical expenses, and (6) hospital and medical expense covered by HMOs. It also applies to individual limited benefit policies.

This act takes effect October 1, 2002.

EMS Service Rates

A new law requires the DPH commissioner to establish ambulance rates for (1) "advanced life support (ALS) assessment," (2) "specialty care transport (SCT)," and (3) "intra-municipality mileage." An ALS assessment is performed by an ALS crew (EMT-Intermediate or paramedics) as part of an emergency response because the patient's reported condition when the ambulance was dispatched was such that only the crew was qualified to perform the assessment.

The ALS assessment does not necessarily lead to a determination that the patient needs ALS service. Specialty care transport moves a critically injured or ill patient between facilities by ambulance while providing him with medically necessary supplies and services beyond the scope of an EMT-Paramedic. It is required when the patient's condition requires care that must be provided by specialized health professionals (e.g., nurses or individuals with respiratory or cardiovascular training). Intra-municipality mileage covers ambulance rides whose pickup and final destination points are both within the same town. These rates must equal:

1. for an ALS assessment, the ambulance service's base rate plus its established ALS/Paramedic surcharge,
2. for SCT, 225% of the ambulance service's base rate for SCT, and
3. for intra-municipality mileage, the number of miles a Medicare recipient is transported times the ambulance service's intra-municipality mileage rate.

These rates remain in effect until the commissioner establishes a new rate schedule.

The act also changes the inflation index against which the commissioner must measure emergency medical service rate increase requests. It requires him to use the Medical Care Services Consumer Price Index rather than the National Health Care Inflation Rate Index. By law, requested rate increases below the inflation index are deemed approved; entities submitting requests above the

inflation index must submit detailed financial information.

(PA 02-7, May 9 Special Session, effective upon passage).

HEALTH CARE FACILITY ADMINISTRATORS-VOTING OPPORTUNITIES FOR RESIDENTS

A new law requires administrators of certain institutions, residential facilities for people with mental retardation, and community residences to use their best efforts to notify probate court-appointed conservators and guardians when voting or voter registration opportunities are presented to their facility residents. The act permits the administrators to give the same notice to people with a power of attorney for a resident. The notification requirement does not apply when a member of the resident's immediate family gives him an absentee ballot application or takes him to a polling place to vote.

The act permits the resident's guardian or conservator to file a petition asking the probate court to determine the resident's competency to vote. The court must conduct a hearing on the petition no later than 15 days after it is filed. These hearings must be given priority. (PA 02-83, effective October 1, 2002)

HEALTH PROFESSIONALS IN THE ARMED FORCES

A new law requires DPH to renew licenses, certificates, permits, and registrations that become void while their holders are serving on active duty in the armed forces. The individual must submit an application form and other documents DPH requires. DPH

must renew the license, certificate, permit, or registration within six months of the person's discharge, if he completes any continuing education or refresher course that may be required of other renewal applicants. (The act seems to presume that individuals must submit applications within six months of discharge). DPH cannot renew the license of anyone facing disciplinary action or an unresolved complaint. (The act does not address DPH treatment of a certificate, permit, or registration in this situation). And the act does not apply to National Guard members or reservists who are on active duty for regularly scheduled annual training that is not part of a mobilization.

The act applies to emergency medical personnel; hospitals and various healthcare institutions; and various health care professionals including physicians, dentists, homeopaths, naturopaths, physician assistants, chiropractors, podiatrists, physical and occupational therapists, radiographers and radiographic technologists, nurses, dental hygienists, opticians and optometrists, pharmacists, marital and massage therapists, veterinarians, embalmers and funeral directors, barbers, hairdressers, subsurface sewage disposal system installers, sanitarians, hearing instrument specialists, speech pathologists, asbestos contractors and consultants, and lead abatement contractors, consultants, and workers. (PA 02-7, May 9 Special Session, effective upon passage)

HOME HEALTH CARE PROVIDERS

PA 02-7, May 9 Special Session, allows DSS to impose sanctions on home health care providers serving dually eligible clients who fail to properly make Medicare claims. This takes effect upon passage.

LOCAL HEALTH DIRECTORS

PA 02-102 sets conditions under which a local health director, regardless of DPH regulations, can permit use of a well or installation of a replacement well for a single family home within 200 feet of a public water supply.

This takes effect October 1, 2002.

MANDATED CHILD ABUSE REPORTERS

PA 02-138 makes numerous changes to the mandated reporter statutes. It adds to the list of those who must report abuse or neglect to DCF or the police: juvenile and adult probation and parole officers, school coaches, emergency medical services providers, licensed professional counselors, certified substance alcohol and drug abuse counselors, child care providers in licensed group day care homes, DCF employees, and DPH employees who license child day care facilities and youth camps.

The act reduces, from 24 to 12 hours, (1) the maximum time that mandated reporters have to orally report suspected cases of abuse or neglect to DCF or the police and (2) the time DCF has after receiving a report of sexual or serious abuse to notify the police and prosecutors. It

also broadens the circumstances under which reports must be made to include cases where the reporter has reasonable cause to suspect or believe a child has been placed in imminent risk of serious harm by anyone, not just those responsible for the child's health, welfare, or care.

This act takes effect October 1, 2002.

MEDICAL EXAMINER

By law, anyone with a legitimate interest in copies of the Office of Medical Examiners' records, including autopsy reports, may obtain them upon conditions the Commission on Medicolegal Investigations establishes. Requests from these interested parties, including next of kin, an attorney acting on behalf of an estate, or insurance agent, must be in writing.

PA 02-137 permits anyone access to the chief medical examiner's reports, autopsies, and other scientific findings related to a person who was in state custody at the time of death. The provision applies to those in the custody of the commissioners of correction (confined to a correctional institutions, facility, or community residence), children and families, or mental retardation.

This act takes effect October 1, 2002.

MEDICAL GAS AND VACUUM SYSTEM INSTALLATION AND MAINTENANCE

A new law requires anyone performing medical gas and vacuum systems work to obtain a medical gas and vacuum systems certificate from the Department of Consumer

Protection (DCP). DCP may issue the certificate, upon the authorization of the Plumbing and Piping Work Board or Heating, Piping and Cooling Work Board, whichever is applicable. The certificate costs \$25 and must be renewed annually.

The act defines medical gas and vacuum systems work as "the work and practice, materials, instrumentation and fixtures used in the construction, installation, alteration, extension, removal, repair, maintenance or renovation of gas and vacuum systems and equipment used solely to transport gases for medical purposes and to remove liquids, air-gases, or solids from such systems."

(PA 02-92, effective July 1, 2003)

NURSING HOMES-PREVENTION OF INFLUENZA AND PNEUMONIA

PA 02-10 requires the public health commissioner to adopt regulations for the prevention of influenza and pneumococcal disease in nursing homes. The regulations must assure that each nursing home patient is immunized annually against influenza, and against pneumonia according to recommendations of the National Advisory Committee on Immunization. The regulations must also provide appropriate exemptions for patients (1) for whom immunization is medically contraindicated or (2) who object on religious grounds.

The act takes effect October 1, 2002.

**PATIENT RECORD DISCLOSURE—
DEPARTMENT OF MENTAL
HEALTH AND ADDICTION
SERVICES (DMHAS)**

PA 02-9 allows clinical staff in DMHAS facilities and in DHMAS-funded crisis intervention programs to disclose the records of a patient they have treated to other such staff who ask for them in order to refer the patient for treatment. Records maintained at DMHAS facilities and DMHAS-funded crisis intervention programs can be disclosed, but only if the staff in possession of them determines disclosure would help the referral process and only to the extent allowed by federal and state law. Prior law allowed such disclosures, under the same conditions, just for diagnosis and treatment purposes.

This act takes effect October 1, 2002.

PHARMACISTS AND PHARMACY

***Collaborative Practice—
Physicians and Pharmacists***

(See PA 02-41, p. 5)

ConnPACE

PA 02-7, May 9 Special Session, requires pharmacists to collect higher co-payments from certain ConnPACE participants. This takes effect September 1, 2002.

Continuing Education

PA 02-48 adds a requirement relating to pharmacist continuing education. The law requires pharmacists to obtain at least 15 hours of continuing education each

year, at least five of which must be obtained by attending a live presentation. The act requires that at least one of the five live hours be on pharmacy or drug law. This takes effect October 1, 2002.

Dispensing Fees

PA 02-7, May 9 Special Session, eliminates a requirement that the DSS commissioner pay pharmacies a dispensing fee of 50 cents for substituting a generic product for a brand-name drug prescribed under the Medicaid program. The act requires the DSS commissioner to implement the recently approved “prior authorization” plan for brand-name prescriptions for which a chemically equivalent generic is available. The act also prohibits a pharmacist from dispensing less than a 15-day supply of an initial brand name maintenance drug for which there is a chemically equivalent generic substitute with DSS’s prior authorization. This prohibition does not apply to atypical antipsychotic drugs that the patient is already taking when the pharmacist receives the prescription. This takes effect upon passage.

PA 02-1, May 9 Special Session, decreases the dispensing fee DSS pays pharmacists for filling prescriptions for ConnPACE, Medicaid, and other DSS drug dispensing programs from \$4.10 to \$3.85 per prescription. This takes effect July 1, 2002.

Licensure

PA 02-82 specifies that to receive a pharmacist’s license, an individual must have earned a degree from a college or school of pharmacy that

was an entry-level professional pharmacy degree when he graduated. This takes effect October 1, 2002.

Mail Order

PA 02-1, May 9 Special Session, allows the DSS commissioner to do mail order for all department pharmacy assistance programs. This takes effect July 1, 2002.

Medicaid Pharmaceutical and Therapeutics Committee—Preferred Drug List

PA 02-1, May 9 Special Session, establishes an 11-member Medicaid Pharmaceutical and Therapeutics Committee that can recommend a preferred drug list. Five physicians and five pharmacists must be on the committee. This takes effect July 1, 2002.

Prescription Errors

A new law requires the consumer protection commissioner to adopt regulations requiring pharmacies to establish quality assurance programs designed to detect, identify, and prevent prescription errors. The act defines a “prescription error” as a clinically significant act or omission relating to the dispensing of a drug that results, or may reasonably be expected to result, in a patient’s injury or death. In addition, the act requires each pharmacy to (1) post signs and include notices on receipts or in prescription packaging informing consumers of a way to report prescription errors and (2) keep records about prescription errors. (PA 02-48, effective October 1, 2002)

Purchasing Initiative

PA 02-1, May 9 Special Session, allows DSS to implement a pharmacy purchasing initiative by contracting with an established entity that has access to low-cost drugs. This takes effect July 1, 2002.

PHYSICIANS

Collaborative Practice

(see PA 02-41, p. 5)

Reimbursement for Medicare-Medicaid Dually Eligible

A new law requires the DSS commissioner, starting April 1, 2003 and within available Medicaid appropriations, to grant a rate increase to physicians who provide services to clients who are eligible for both Medicare and Medicaid (“dually eligible” clients). (PA 02-7, May 9 Special Session, effective upon passage)

PROFESSIONAL COUNSELORS

A new law provides four alternatives to professional counselor licensure. It authorizes DPH to license as a professional counselor, within 30 days of the act’s effective date, a person who has:

1. (a) earned a master’s degree in education from an accredited college or university, (b) completed at least 70 credit hours at an accredited college or university leading to a clinical psychology degree, (c) practiced professional

- counseling for at least 10 of the 15 years immediately before applying for licensure, and (d) passed a DPH-prescribed test;
2. (a) earned a master's degree in counseling from an accredited college or university before 1986 and (b) practiced professional counseling for at least 15 years immediately before applying for licensure;
 3. (a) earned a master's degree in education or community leadership, (b) passed the National Board of Certified Counselors national counselor exam before December 31, 2001, and (c) practiced professional counseling for at least 10 of the 12 years immediately before applying for licensure; and
 4. (a) earned a master's degree in education before 1975 with a major in psychological counseling from an accredited college or university, (b) passed the National Association of Mental Health Counselors exam, (c) obtained current certification from the association, and (d) practiced professional counseling for at least 10 of the 20 years immediately before applying for licensure.

(PA 02-7, May 9 Special Session, effective upon passage)

QUALITY OF CARE/ADVERSE EVENT REPORTING

A new law (PA 02-125) requires DPH to establish a quality of care program for health care facilities. DPH must develop a health care quality performance measurement and reporting system initially applicable to the state's hospitals. Other health care facilities come under the quality program in later years as it develops. An advisory committee, chaired by the DPH commissioner, advises the program.

The law directs DPH to produce a report that compares the state's hospitals based on quality performance measures. The act requires all hospitals to implement performance improvement plans. These plans must be submitted annually to DPH as a condition of licensure, beginning June 30, 2003.

The law allows DPH to seek and apply for funding to implement the quality of care program provisions. These provisions must be implemented upon receiving this funding.

The law requires hospitals and outpatient surgical facilities to report adverse events to DPH. An "adverse event" is an injury caused by or associated with medical management that results in death or measurable disability. This law takes effect October 1, 2002, except July 1, 2002, for the adverse event reporting provisions.

SCREENING NEWBORNS FOR GENETIC PROBLEMS

A new law requires DPH to purchase two tandem mass spectrometers—new technology that allows testing for as many as 20

metabolic disorders. It requires testing for amino acid, organic acid, and fatty oxidation disorders and, specifically, MCAD and LCHAD deficiencies. These will be added to the eight inborn disorders, such as sickle cell anemia and phenylketonuria (PKU), for which the state currently tests newborns. The new act also sets a \$28 minimum fee that DPH must charge hospitals for the tests and follow-up tracking. (PA 02-113, effective July 1, 2002 for the mass spectrometer purchases; October 1, 2002, for the fee increase and testing changes.)

TUBERCULOSIS TESTING OF INMATES

PA 02-63 requires anyone committed to the custody of the Department of Correction (DOC) commissioner and in custody for at least five consecutive days to undergo a tuberculosis test to determine if he has active TB or latent TB infection. A person testing positive for active or infectious TB is subject to existing law concerning treatment plans; responsibility for treatment costs; reporting to and by public health officials; adequate instruction and necessary precautions by attending physicians and local health officials; and tuberculosis control requirements and procedures, including emergency commitment.

Anyone testing positive for latent TB infection must be medically evaluated for infectious TB and then offered treatment for latent TB infection as recommended by the National Centers for Disease Control and Prevention (CDC). The act appears to require treatment to be offered only if it can be completed

before the person is released from custody.

The law requires certain DOC facility officials to ensure that inmates are tested, screened, and treated for TB. It also requires DOC to establish a TB infection control committee.

The law requires any inmates found to have evidence of infectious TB to be isolated from any public contact until he has been treated and is no longer infected. It also requires notifying visitors or employees who may have been exposed to infectious TB by an inmate and encouraging them to be evaluated.

This act takes effect October 1, 2002.

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