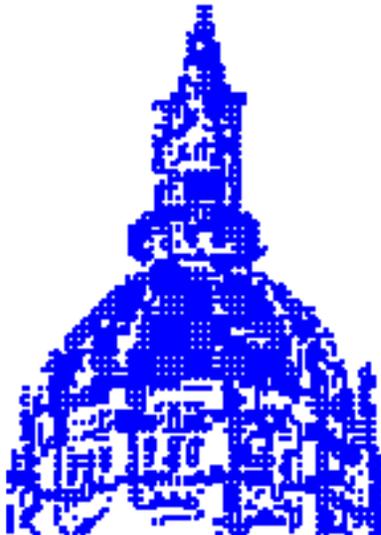


Office of Legislative Research
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2004 ACTS AFFECTING HEALTH PROFESSIONS



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NOTICE TO READERS

This report provides brief highlights of public and special acts affecting health professions enacted during the 2004 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 in 2004 will be available in the fall when OLR's *Public Act Summary* book is published; some are now available on the OLR website (<http://www.cga.state.ct.us/olr/publicactsummaries.asp>)

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ACUPUNCTURISTS

PA 04-221 provides an alternative path to licensure as an acupuncturist, which is available from the act's passage until September 1, 2005.

This takes effect upon passage.

ALLIED HEALTH WORKFORCE

PA 04-220 establishes a 17-member Connecticut Allied Health Workforce Policy board to work with the Connecticut Career Ladder Advisory Committee and specifies its responsibilities. The board must report its findings and recommendations, including recommendations for legislation to address allied health workforce shortage in Connecticut, to the Public Health and Higher Education and Employment Advancement committees by January 1, 2006 and annually afterwards.

The board consists of:

1. the Education, Higher Education, and Public Health commissioners;
2. the chairmen and ranking members of the Public Health and Higher Education and Employment Advancement committees or their designees;

3. one representative of the Connecticut State Board of Examiner for Nursing, appointed by the board;
4. one representative of the Connecticut Conference of Independent Colleges, appointed by the conference; and
5. one member each, appointed by the House speaker, Senate president pro tempore, and House and Senate minority leaders.

Appointed members must be experts in finance, economics, allied health, or health facility management. The deadline for making appointments is October 31, 2004.

The board must convene its first meeting November 30, 2004. It must select a member as chairman.

The act defines "allied health workforce" and "allied health professionals" as professionals or paraprofessionals qualified by special training, education, skills, and experience in providing health care, treatment, and diagnostic services under the supervision of or in collaboration with a licensed practitioner. They include physician assistants; registered nurses; licensed practical nurses; certified nurse assistants; home health aides; and qualified radiologists, technologists, and technicians.

This takes effect October 1, 2004.

BARBERS

PA 04-221 conforms statute to practice by explicitly authorizing DPH to grant a license by endorsement to applicants from the District of Columbia, Puerto Rico, and other U.S. commonwealths. It specifies that applicants must have passed a licensing exam in their home jurisdictions, and if the test was not in English, the act requires them to pass an English proficiency exam the Department of Public Health (DPH) prescribes. It allows applicants who trained in jurisdictions that require fewer than the 1,500 hours of training that Connecticut requires to substitute up to 500 hours of licensed work. And it removes a requirement that applicants currently be competent, practicing barbers.

PA 04-221 removes requirements that (1) DPH hold at least four licensing exams a year, (2) license applicants be free of communicable disease, and (3) barber training cover both theory and practice. It specifies that applicants must pass a written exam; prior law did not specify the form of the test. The act also eliminates some obsolete language specifying barber skills.

This takes effect October 1, 2004.

ATHLETIC TRAINERS

PA 04-221 requires athletic trainer license applicants to be certified by the National Athletic Trainers' Association (NATA) Board of Certification, Inc. or its successor organization. It substitutes this requirement for the previous one that specified the coursework and duration of training an applicant must have successfully complete and the bodies that could accredit such coursework. It requires them to maintain NATA certification once licensed.

For the year after it takes effect (which occurs after DPH publishes notice that it is implementing regulations governing athletic trainers), **PA 04-221** requires DPH to license as an athletic trainer anyone who presents satisfactory evidence of (1) working continuously as a trainer since October 1, 1979 or (2) NATA certification. Prior law allowed DPH to license people under these conditions if they presented evidence before January 1, 2001.

This takes effect when DPH publishes notice that it is implementing regulations governing PT assistants and athletic trainers or October 1, 2004, whichever is later.

BURIALS

PA 04-255 requires a DPH-licensed embalmer or funeral director, or one licensed in a state with a reciprocal agreement with the state, who takes custody of a dead body to obtain a burial transit removal permit from the registrar of the town in which death occurred. This must be done within five calendar days after death and before final disposition or removal of the body from the state. The law requires a registrar to appoint people as subregistrars authorized to issue burial transit removal permits after receiving a completed death certificate. The act limits the subregistrar's authority to those hours when the registrar's office is closed and establishes a fee of \$3 for burial transit removal permit.

PA 04-255 requires that, before any body is removed to any university in the state for anatomical purposes, the person contemplating removal must get a burial transit removal permit. Prior law required a burial or transit permit.

Duties of Sextons

By law, the burial permit must note the place of burial by section, lot, grave, or other place of interment. The act requires the sexton to do this. It specifies that no additional burial transit removal permit is required for a

body that is placed temporarily in a receiving vault of any cemetery and subsequently buried in the same cemetery.

The law requires each sexton in charge of any burial place to provide a monthly list of all interments, disinterments, and removals of bodies to the registrar of the town. He must also file with the registrar permits he received for a body that is placed temporarily in a receiving vault of any cemetery and subsequently buried in the same cemetery.

PA 04-255 establishes a fine of up to \$100 per day on any sexton failing to make the appropriate filing described above within 14 days after the first week of the month.

Transporting a Body

The law allows state-licensed embalmers and funeral directors and embalmers and funeral directors from another state who comply with a reciprocal agreement with DPH to remove bodies from one town to another or to another state. **PA 04-255** allows embalmers and funeral directors to authorize an unlicensed employee to transport the body once it has been embalmed or prepared according

to the Public Health Code. For removal of a body from this state to another, the act requires a burial transmit removal permit instead of a death certificate as under prior law.

All of the provisions above take effect October 1, 2004.

CHILD DAY CARE CENTERS

PA 04-221 requires DPH to adopt regulations prohibiting day care centers and group day care homes from denying services to a child because (1) he uses injectable equipment to administer glucagon (a hormone used to treat low blood sugar in diabetics) or (2) after January 1, 2005, he is diagnosed with asthma or has a prescription for an inhalant medication to treat asthma. The regulations must specify that centers and homes, within three weeks of enrolling a child with an inhalant prescription or glucagon injection equipment, have staff trained to administer the medication on-site whenever the child is there. The act also adds the National Safety Council, American Safety and Health Institute, and Medic First Alert International, Inc. to the list of organizations that can certify day care employees in cardiopulmonary resuscitation.

This takes effect upon passage for the additional CPR-certification agencies; October 1, 2004 for the regulation concerning children with asthma and diabetes.

CLINICAL SOCIAL WORKERS

PA 04-221 provides for licensure by endorsement for clinical social workers. Applicants must present evidence to DPH that they (1) are licensed or certified in another state or jurisdiction (including other nations) with requirements similar to, or higher than, Connecticut's and (2) have successfully completed the Association of Social Work Board's clinical level exam. A license-by-endorsement applicant may not be the subject of a pending disciplinary action or unresolved complaint.

This takes effect October 1, 2004.

CREMATION

PA 04-255 requires that the final disposition of a cremated body be recorded at the crematory. The law requires that the chief, deputy chief, associate, or authorized assistant medical examiner complete the cremation certificate stating that no further inquiry is needed and file it with the registrar of vital statistics of the town in which the person died, or if not known, of the town where the body was found or with the registrar of the town of the funeral director who has the body.

The act requires the registrar, after receiving the certificate, to authorize it and keep it on permanent record. But if the certificate is submitted to the registrar of the town where the funeral director is located, the certificate must be forwarded to the registrar of the town where the person died and kept on permanent record.

The law requires crematory managers to keep record books that include information (name, age, sex, residence) of each person cremated, together with the authority for the cremation and the disposition of the ashes. Prior law required the owner or superintendent of the crematory to forward to the registrar receiving the cremation permit a certified duplicate of the record. The registrar had to keep this duplicate on file and record it with other vital statistics.

The act instead requires the crematory manager or superintendent to complete the required cremation permit, retain a copy, and immediately forward the original permit to the registrar of the town in which death occurred. The registrar must keep the permit on file.

This takes effect October 1, 2004.

DEATH CERTIFICATES

Filing Periods

PA 04-255 requires completion of death certificates in their entirety and filing them with the registrar of vital statistics in the town where the death occurred within (1) five days of death, if filing a paper certificate and (2) three days of death, if filing through an electronic death registry system.

Completion of Death Certificate; Affidavit Concerning Communicable Disease

The law requires licensed funeral directors or embalmers, including those from another state who comply with DPH reciprocal agreements, to complete a death certificate when they are in charge of the burial. **PA 04-255** allows their designees to file the certificate.

By law, only a licensed embalmer can take charge of the burial of a person who died from a communicable disease; the embalmer must file the death certificate and a signed and sworn certificate stating that the body has been disinfected according to the Public Health Code. The act requires the embalmer to file an affidavit, on a DPH form, concerning the disinfection when the person who

died had a communicable disease. It also eliminates the option in prior law of an embalmer other than the one filing the death certificate filing the document about disinfection.

Medical Certification Portion of Death Certificate

The law requires the physician in charge of the patient's care to complete, sign, and return the medical certification portion of the death certificate to the funeral director or embalmer within 24 hours after death. **PA 04-255** allows an APRN to fill out the medical certification portion of the death certificate. Under existing law, in the absence of the physician, or with his consent, the medical certification can be filled out by an associate physician, chief medical officer of the institution in which the death occurred, or the pathologist who performed the autopsy. **PA 04-255** broadens this by allowing (1) an APRN to make this delegation and (2) an APRN, RN, or physician assistant to make the certification.

This act prohibits any of these health care practitioners from signing and returning the medical certification unless he has personally viewed and examined the body and is satisfied that death has occurred. The act specifies that an additional viewing of the body is not required if the practitioner who completed the certification was not the one who made the

death determination. This exception already applies if an RN makes the pronouncement.

Under **PA 04-255**, any practitioner listed above, rather than just physicians, refusing or otherwise failing to complete, sign, and return the medical portion of the death certificate within 24 hours can be reported to DPH by the funeral director or embalmer. DPH can fine the person up to \$250 a day, following notification and investigation.

The act requires an APRN, as the attending physician must already do, to give the funeral home or embalmer notice of the reason for delay when the cause of death cannot be determined within 24 hours of death and the chief medical examiner does not require an inquiry. Final disposition of the body cannot be made without the signed medical certification from the physician or APRN.

These provisions take effect October 1, 2004.

DENTISTS

PA 04-125 requires an insurance company, upon request from an insured or a licensed dentist acting on an insured's behalf, to disclose the estimated policy reimbursement for specific dental procedure codes ordered or recommended by a dentist. Actual reimbursement may differ from the estimate based on factors such as eligibility, plan design,

utilization of benefits, and the actual claim submitted for reimbursement. This requirement applies to policies delivered, issued for delivery, renewed, amended, or continued on or after October 1, 2004 that cover inpatient or outpatient dental services only.

This takes effect October 1, 2004.

EMERGENCY MEDICAL SYSTEM PERSONNEL

PA 04-221 provides for an alternative path for paramedic licensure by endorsement and emergency medical technician (EMT) certification. It permits such licensure and certification for an applicant who (1) is currently licensed or certified as a paramedic or EMT in any New England state, New York, or New Jersey; (2) has completed an initial training program consistent with the National Highway Traffic Safety Administration's paramedic curriculum; and (3) faces no pending disciplinary action or unresolved complaints. The law already allows licensure by endorsement for paramedics currently licensed in another jurisdiction whose licensure requirements are at least equal to Connecticut's and who face no pending disciplinary action or unresolved complaints.

The act permits DPH, within available appropriations, to expand its EMS data collection system to cover clinical treatment and patient outcome data. The system currently follows a patient from initial entry into the EMS system through arrival in the emergency room. Data in the system is submitted by ambulance services. A service that fails to submit required data for six consecutive months can lose its primary service area assignment, after notice and a hearing.

This takes effect upon passage, except the EMS data base expansion provision is effective October 1, 2004.

FUNERAL DIRECTORS AND EMBALMERS

(see sections on "Burials" "Cremations" and "Death Certificates.")

HAIRDRESSERS AND COSMETICIANS

PA 04-221 requires licensure by endorsement applicants to have passed a licensing exam in the jurisdiction that granted them a license. If the test they took in that jurisdiction was not in English, the act requires them to pass an English proficiency exam DPH prescribes. It allows applicants who trained in a

jurisdiction that requires fewer than the 1,500 hours that Connecticut requires to substitute up to 500 hours of licensed work.

This act removes requirements that (1) a licensure by endorsement applicant be currently practicing and competent and (2) the other jurisdiction extend licensure by endorsement to Connecticut hairdressers and cosmeticians.

PA 04-221 also allows people who are not licensed as hairdressers and cosmeticians to trim, file, and paint healthy toenails for cosmetic purposes only. But no one may cut nail beds, corns, or calluses or provide medical treatment for feet or ankles without the appropriate healthcare provider license.

PA 04-221 specifies that hairdressing and cosmetician schools outside Connecticut must have requirements at least equal to those required by Connecticut schools. It repeals a provision that granted license applicants who trained in out-of-state schools equivalent to Connecticut's credit for that training and for their licensed work.

It removes a requirement that DPH conduct hairdressing and cosmetician licensing exams.

These provisions take effect October 1, 2004, except the provision allowing unlicensed people to trim, file, and paint toenails is effective on passage.

HOSPICE

PA 04-81 allows a licensed home health care agency that does not meet certain staffing requirements to provide hospice services in a rural town under a DPH waiver. By law, such services can be provided in a patient's home only by a licensed home health agency with DPH approval.

Under this act, a home health care agency that is unable to access licensed or Medicare-certified hospice care to consistently provide adequate services to its rural town patients can apply for a DPH waiver from state staffing regulations. Such a waiver can authorize one or more of the following: (1) the agency's supervisor of clinical services also to serve as supervisor of clinical services assigned to the hospice program; (2) the hospice volunteer coordinator and program director to be permanent part-time employees; and (3) the program director to perform other services at the agency, including serving as hospice volunteer coordinator. A "permanent part-time employee," under the act, is one employed and on duty at least 20 hours per work week on a regular basis.

The act defines a "rural town" as (1) one with either 75% or more of its population classified as rural in the 1990 federal census or in the most recent census used by the State Office of Rural Health to determine rural towns or (2) a town not

designated as a metropolitan area on the list kept by the federal Office of Management and Budget and used by the State Rural Health Office.

Before granting the waiver, the DPH commissioner must determine that it will not adversely affect the health, safety, and welfare of hospice patients and their families. The waiver is effective for two years and an agency can reapply.

It takes effect October 1, 2004 (PA 04-258 changes the effective date to upon passage; PA 04-2, May Special Session, makes the same effective date change.)

HOSPITALS

PA 04-46, clarifies when a hospital may refer a patient debt to a collection agent or initiate an action against a patient or his estate to collect fees for care provided at the hospital on or after October 1, 2003. The hospital must determine *whether* the individual is uninsured and not eligible for a hospital bed fund. Prior law required the hospital to determine *that* the person was uninsured and not eligible for the bed fund.

By law, hospitals providing services to an uninsured patient are prohibited from collecting from the patient more than the cost of providing services. An "uninsured patient," under the law, is one with income at or below 250% of the federal poverty level who (1) has been denied eligibility for health care coverage

under Medicaid or the General Assistance program for failure to satisfy income or other eligibility requirements and (2) was not eligible for hospital service coverage under Medicare or CHAMPUS; Medicaid; any health insurance program of another nation, state, or U.S. territory or commonwealth; or any other government or private health or accident insurance or benefit program.

By law, a hospital bed fund refers to gifts of money, stock, other financial instruments, or other property made to establish a fund to provide medical care to patients at a hospital.

This takes effect July 1, 2004.

PA 04-164 allows a hospital to administer influenza and pneumococcal polysaccharide vaccines to patients without a physician's order. It can do this according to a physician-approved hospital policy after assessing the patient for contraindications. The act requires DPH to adopt implementing regulations.

This takes effect July 1, 2004.

MANAGED CARE APPEALS

PA 04-157 allows an enrollee, or health care provider acting on an enrollee's behalf with the enrollee's consent, who has exhausted the internal mechanisms provided by a managed care organization or utilization review company to appeal a claim denial based on medical necessity to the

insurance commissioner up to 30 days after receiving written notice of it. Existing law allows him to appeal determinations not to certify an admission, service, procedure, or extension of stay. The act specifies that he may appeal regardless of whether the determination was made before, during, or after the admission, service, procedure, or extension of stay.

This takes effect October 1, 2004.

MASSAGE THERAPISTS

Prior law exempted massage therapists continuously licensed since October 1, 1993 from continuing education requirements. Under **PA 04-221** gaining exemption requires continuous licensure only from February 1, 1994.

The act allows DPH to license as a massage therapist an applicant who (1) on or before July 1, 2005, was enrolled in a massage therapy school that was approved or accredited by a state board of postsecondary technical trade and business schools or a state agency recognized as such; (2) graduated from a massage therapy school that required at least 500 hours of classroom instruction with the instructor present and was accredited or approved by the above board or agency when the applicant graduated; and (3) passed, according to a DPH-prescribed standard, the National Certification Examination for

Therapeutic Massage and Bodywork.

This takes effect October 1, 2004, except the continuing education change is effective upon passage.

MEDICAL ASSISTANTS

PA 04-82 requires DPH, annually beginning January 1, 2005, to obtain from the American Association of Medical Assistants a list of all state residents on the organization's registry of certified medical assistants. DPH must make the list available to the public.

Medical assistants are allied health professionals specifically trained to work in ambulatory settings (e.g., physician's offices, clinics, and group practices). They perform administrative and clinical procedures.

This act takes effect October 1, 2004.

MEDICAL INFORMATION DISCLOSURE-PROBATE COURT

PA 04-142 (1) authorizes probate courts to issue orders to disclose medical information relevant to the determination of the matters before them and (2) and makes such information filed with the court confidential. It also authorizes probate courts to order disclosure of medical information required in connection with an application

for involuntary representation, appointment of a temporary conservator, and the review of a conservatorship, which must occur every three years.

The order may require disclosure to (1) the court; (2) any executor, administrator, conservator, guardian, or trustee appointed by the court; (3) any attorney representing the individual who is the subject of the information; (4) any guardian ad litem for the individual who is the subject the information; (5) any physician, psychiatrist, or psychologist ordered by the court to examine such individual; or (6) any other party to the proceeding the court determines require it in the interests of justice.

This takes effect October 1, 2004.

MEDICAL MALPRACTICE

PA 04-155 makes numerous changes to the laws dealing with civil litigation; insurance regulation and oversight; and the regulation, oversight, and disciplining of doctors. It also gives certain physicians a tax credit for a portion of their medical malpractice insurance premiums.

(The governor vetoed this act – “An Act Concerning Medical Malpractice Reform.”)

Existing law requires physicians to carry medical malpractice insurance of \$500,000 per person, per occurrence with an aggregate of \$1.5 million. **PA 04-221**

exempts from this requirement physicians when, for no compensation, they are providing primary health care services at a DPH-licensed, tax-exempt clinic that (1) does not charge for its services, (2) maintains the \$500,000/\$1.5 million malpractice coverage required by law for each 40 hours (or fractional amount) of service these physicians provide, (3) carries additional malpractice coverage in these amounts on behalf of itself and its employees, and (4) maintains total malpractice coverage for \$1.5 million per occurrence and \$3 million in total. A physician covered by the act’s exemption must still maintain legally required malpractice coverage when providing services in any other situation. **PA 04-221** states that it does not relieve such clinics from any other insurance the law requires them to maintain.

Under **PA 04-221** a doctor who permanently retires from practice having maintained the malpractice coverage required by law and then provides free services at a tax-exempt clinic does not lose the right to unlimited additional extended reporting period coverage (that is, coverage for a claim made after the year in which the action underlying the claim occurred).

This takes effect upon passage.

NONPROFIT ORGANIZATION-EMPLOYEES' IMMUNITY

The law immunizes from civil liability volunteers and certain nonprofit organizations when, under specified conditions, a volunteer uses an automatic prefilled cartridge injector on a child who apparently needs an injection due to an allergic reaction. **PA 04-221** extends this immunity to an organization's employees under the same conditions.

This takes effect October 1, 2004.

NURSES AND NURSE'S AIDES

APRNs

PA 04-255 permits the state to receive federal Medicaid reimbursement for services Department of Mental Retardation (DMR) Birth-to-Three providers render under an individualized family service plan signed by an advanced practice registered nurse (APRN). Previously, Department of Social Services (DSS) regulations required a physician to sign the plan.

This takes effect upon passage.

Under **PA 04-255**, an APRN can make a determination and pronouncement of death of a patient if the APRN (1) attests to the pronouncement on the death certificate and (2) signs it within 24 hours of the pronouncement.

By law, RNs in charge of a hospice or nursing home facility, or employed by a licensed home health care agency in a home or residence, can make a determination and pronouncement of death of a patient if certain conditions are met. The act eliminates a requirement that DPH notify all people and facilities affected by regulations it adopts to implement the law on death pronouncement. This includes hospices, nursing homes, physicians, home health care agencies, emergency medical technicians, funeral directors, and medical examiners.

This takes effect October 1, 2004. (see also **PA 04-221**)

PA 04-221, allows APRNs working in noninstitutional settings (e.g. a doctor's office) to request, sign for, and receive drug samples. The law already allows them to dispense such drugs.

This takes effect October 1, 2004.

Criminal Background Checks

PA 04-181 requires nurses and nurse practitioners appointed by or contracting with a local or regional board of education and those provided to private schools to offer health services to students to undergo criminal history record checks.

This takes effect upon passage.

Licensure by Endorsement

PA 04-221 extends licensure by endorsement to (1) RNs and LPNs licensed in the District of Columbia and Puerto Rico (and other U.S. commonwealths). They can obtain a license in this way as long as they are not the subject of a professional disciplinary action or unresolved complaint and those jurisdictions' licensing standards are at least equal to Connecticut's. RNs and LPNs licensed in other states and U.S. territories can already obtain a license by endorsement. The act specifies that RNs or LPNs must be licensed in the other jurisdiction when they apply for a Connecticut license.

From October 1, 2004 to October 1, 2005, the act makes an APRN whose RN license was voided because of failure to renew it eligible for licensure by endorsement. The nurse must submit \$90 and a completed application form. The act specifies that an APRN must maintain an RN license, not just be eligible for one, in order to obtain an APRN license.

This takes effect October 1, 2004.

Limits On Overtime

PA 04-242 prohibits registered and licensed practical nurses and nurse's aides from being required to work additional hours in hospitals beyond what is scheduled, except under certain

conditions. Under the act, hospitals cannot require such employees to work beyond a predetermined work shift schedule, if that schedule was set at least 48 hours before the start of the work shift. An individual can volunteer or agree to work additional hours, but refusal to do so cannot be grounds for dismissal, discrimination, discharge, or any other penalty or adverse employment decision.

Under the act, the prohibition on additional work hours does not apply to (1) a nurse participating in surgery until the surgery is completed; (2) a nurse working in a critical care unit until another employee beginning a scheduled work shift relieves him; (3) a public health emergency; (4) an institutional emergency, such as adverse weather, catastrophe, or widespread illness, that the hospital administrator believes will significantly reduce the number of nurses available for a scheduled work shift and where he makes a good faith effort to mitigate the impact of this emergency situation on the availability of such employees; and (5) a nurse covered by a collective bargaining agreement that addresses the issue of mandatory overtime.

This takes effect October 1, 2005.

Nursing Faculty Incentive Program

PA 04-196 establishes a Connecticut nursing faculty incentive program to be administered by the Office of Workforce Competitiveness (OWC). The program must provide grants, within available appropriations, to higher education institutions that work with hospitals to:

1. establish or expand nursing education programs that qualify people to teach or train nursing students enrolled in a bachelor's or registered nurse certification program or
2. encourage those who already have those qualifications to serve as full- or part-time faculty members at these institutions.

OWC must submit a status report on the program to the Education, Public Health, and Higher Education and Employment Advancement committees by January 1, 2006.

The act also requires the higher education commissioner to report to the Public Health and Higher Education and Employment Advancement committees, by January 5, 2005, on her department's assessment of the current and future capacity of the state higher education system to educate and train nurses. For each higher education institution, the

assessment must include the (1) number of qualified faculty, (2) capacity for nursing students, (3) number of nursing students admitted, and (4) number graduating with a nursing degree. It must also examine any barrier to graduation nursing students face.

This takes effect upon passage.

Temporary Permits

PA 04-221 allows DPH to issue 120-day temporary permits to (1) licensure by endorsement applicants from the District of Columbia and Puerto Rico (and other U.S. commonwealths) and (2) nurses whose Connecticut licenses were voided for failure to renew on time. It could already issue temporary permits to applicants from other states and U.S. territories. A nurse whose Connecticut license has been voided must apparently submit a copy of a current valid license from another jurisdiction and a notarized attestation, as would an out-of-state licensure by endorsement applicant. The act prohibits DPH from issuing a temporary permit to any nurse who is the subject of a professional disciplinary action or unresolved complaint.

The act allows graduates from DPH-approved nursing programs to work as RNs and LPNs for up to 90 days after graduation. Under prior law, they could work until the results of the first licensing exam scheduled after

graduation were issued, as long as their employer provided adequate supervision. The act also requires employers to verify that graduate nurses have successfully completed a nursing program. It automatically terminates a nurse's ability to work if he fails the licensing exam.

This takes effect October 1, 2004.

(see also "Death Certificates" and "School Health" for more acts affecting nurses.)

NURSE-MIDWIVES

PA 04-221 permits nurse-midwives to determine and pronounce the death of an infant they deliver in the following circumstances: (1) the death must have been anticipated (under the Public Health Code this means that the attending physician expected it due to illness, infirmity, or disease); (2) the nurse-midwife attests to the pronouncement on the death certificate; and (3) she or a physician signs the death certificate within 24 hours after the death pronouncement.

Prior law required the physician in charge of the patient's care to complete, sign, and return the medical certification portion of the death certificate to the funeral director or embalmer within 24 hours after death. The act allows an APRN or a nurse-midwife to fill out this portion of the death certificate, in the latter's case for

an infant she delivered. Under prior law, in the absence of the physician, or with his consent, an associate physician, chief medical officer of the institution in which the death occurred, or the pathologist who performed the autopsy could fill out the medical certificate. The act broadens this by allowing (1) an APRN to make the delegation and (2) an APRN, RN, or PA to make the certification.

The act prohibits any of these health care practitioners, rather than just physicians, from signing and returning the medical certification unless he has personally viewed and examined the body and is satisfied that death has occurred. It specifies that an additional viewing of the body is not required if the practitioner who completed the certification was not the one who made the death determination. This exception already applied if an RN made the pronouncement.

Under the act, any practitioner listed above, not just physicians, refusing or otherwise failing to complete, sign, and return the medical portion of the death certificate within 24 hours can be reported to DPH by the funeral director or embalmer. DPH can fine the person up to \$250 a day, following notification and investigation.

This takes effect October 1, 2004.

NURSING HOME ADMINISTRATORS AND LICENSEES

Nursing home administrators must complete 40 hours of continuing education every two years. **PA 04-221** changes the date when this requirement takes effect from the first license renewal after October 1, 2004 to the first renewal after January 1, 2004.

The act requires, rather than permits, the DPH commissioner to refuse to issue or renew a nursing home license to an applicant who fails to submit the information required by law. This information includes the name and address of the home's owners and officers; the criminal histories, if any, of the top administrators; financial information; and affiliations. If the commissioner refuses to grant a license to the applicant under these circumstances, the act requires him to grant it to the holder of the home's certificate of need, if he meets all licensure requirements. If he does not, the commissioner must place the home in receivership. The act specifies that it governs a license renewal application under consideration because of a DPH order.

This takes effect upon passage

OPTOMETRISTS

Beginning January 1, 2005, **PA 04-35** requires an individual applying for initial licensure as

an optometrist to meet the requirements to practice advanced optometric care. It does not apply to optometrists licensed in the state prior to January 1, 2005.

The law recognizes a category of optometric practice known as "advanced optometric care." It allows optometrists a broader range of activities, including nonsurgical treatment of glaucoma patients. They must meet additional education and testing requirements and be able to use certain drugs for diagnostic and therapeutic purposes in order to practice advanced optometric care. There is no separate DPH license for advanced optometric care.

This act takes effect October 1, 2004.

ORGAN DONATION

PA 04-122 amends the law on organ and tissue donation by:

1. requiring the Department of Motor Vehicles and the Department of Information Technology to enter into an agreement with a procurement organization to provide it access to information on drivers who intend to be organ or tissue donors;
2. expanding the definition of "document of gift" for purposes of making an anatomical gift;

3. requiring health care providers and procurement organizations to act according to the donor's intentions under certain circumstances;
4. expanding the ways a donor can amend or revoke a gift;
5. changing the ways in which a person can refuse to make an anatomical gift;
6. adding procurement organizations to those who must make a reasonable search for a document of gift or other information about a person's intentions;
7. allowing certain testing as part of a reasonable examination to determine if an anatomical gift is medically suitable;
8. allowing a procurement organization to access and review a person's medical record for suitability under certain conditions; and
9. allowing disclosure to a procurement organization of HIV-related information in order to assess donor suitability.

This takes effect October 1, 2004.

OUTPATIENT SURGICAL FACILITIES

PA 04-249 revises the law on outpatient surgical facilities by:

1. amending the definition of "outpatient surgical facility" to eliminate the term "free standing," include facilities performing diagnostic procedures under certain conditions, and exclude certain medical offices owned and operated exclusively by physicians;
2. requiring DPH licensure of outpatient surgical facilities except for certain facilities that do not have to be licensed until a later date;
3. requiring outpatient surgical facilities to obtain, except in certain cases, a certificate of need (CON) from the Office of Health Care Access (OHCA);
4. requiring OHCA to study the feasibility of an expedited CON process for certain outpatient surgical facilities; and
5. establishing a task force to study outpatient surgical facility-related issues.

This takes effect July 1, 2004, except for the task force provision, which takes effect upon passage

PATIENT TEST RESULTS

The law requires a health care provider to supply a patient, upon request, with complete and current information he has about the patient's diagnosis, treatment, and prognosis. The provider must also notify the patient of any test results he has that indicate a need for further treatment or diagnosis. **PA 04-165** requires the provider also to notify the patient of the results of any test not in his possession that he requests for purposes of diagnosis, treatment, or prognosis.

This takes effect October 1, 2004.

PHARMACY

PA 04-208 prohibits anyone from acting as a "certified pharmacy technician" unless he is certified with the Department of Consumer Protection (DCP). It requires the department, when authorized by the pharmacy commission, to certify someone as a pharmacy technician if he (1) meets requirements for a registered pharmacy technician and (2) is certified by the Pharmacy Technician Certification Board or any other equivalent pharmacy technician certification program approved by the department.

The act authorizes the DCP commissioner adopt regulations concerning the registration and activities of certified pharmacy technicians. It requires him, with

the advice and assistance of the Pharmacy Commission, to adopt regulations concerning the ratios of certified pharmacy technicians to pharmacists in pharmacies and institutional pharmacies (those operating in places like acute care hospitals).

The act does not require a certificate to be renewed with DCP or set a state certification or renewal fee.

This takes effect upon passage.

PHYSICIAN ASSISTANTS (PAs)

PA 04-221 permits PAs to request, sign for, and receive professional samples of drugs the law authorizes them to prescribe. They can do this when delegated by a physician; in a licensed, nonprofit outpatient clinic; or in a state- or town-operated clinic. The law already allowed them to dispense samples when delegated by a doctor; the act specifies that they can dispense them only to patients.

This takes effect October 1, 2004.

PROFESSIONAL COUNSELORS

PA 04-125 adds professional counselors to the definition of a "provider" under the managed care statutes. This means that managed care organizations (MCOs) must, among other things, include professional counselors in provider lists issued to enrollees, give them 60 days prior notice of contract

termination, and permit counselors to tell enrollees how the MCO compensates them.

This takes effect October 1, 2004.

PSYCHOLOGISTS

PA 04-221 exempts from licensing as a psychologist a graduate of a Board of Psychology Examiners-approved doctoral program who is fulfilling the one year of post-doctoral experience required by law for licensure.

This takes effect October 1, 2004.

QUALITY OF CARE/ADVERSE EVENT REPORTING

PA 04-164 revises the law requiring hospitals and outpatient surgical facilities to report adverse events to DPH. Specifically, it:

1. replaces an existing adverse event classification reporting system with a list of reportable events identified by the National Quality Forum or DPH;
2. changes the timing for reporting to DPH and requires immediate reports of events DPH defines as emergent;
3. restricts disclosure of adverse events reports; and

4. allows DPH to use practitioners with clinical expertise of the type involved in an adverse event in investigating reports.

It requires the existing Quality of Care Advisory Committee, which advises DPH on quality of care issues, to establish a standing subcommittee on best practices.

The act also allows DPH to designate as a “patient safety organization,” a public or private organization whose primary mission involves patient safety improvement activities.

The act requires hospitals and outpatient surgical facilities to seek to work and contract with such organizations as they become available. These organizations must disseminate to health care providers and others, as appropriate, information on best practices. And they must have appropriate safeguards and safety measures in place to protect the patient safety work product.

This takes effect July 1, 2004.

SCHOOL HEALTH

Medication Administration

PA 04-181 makes statutory the requirement that school boards adopt written policies and procedures for administering medication in schools and

changes the approving authority for such policies and procedures from the DPH to the local school medical adviser or other qualified physician.

The act requires school boards that allow authorized individuals to dispense medication to students, or students to self-administer medication, to adopt policies and procedures for administering such medication in accordance with the act, existing law, and State Department of Education regulations. The school medical adviser or other qualified licensed physician must approve the policies and procedures. Once approved, medication must be administered in accordance with them.

Under current regulations, school boards must establish the policies and procedures and DPH must review and approve them.

This takes effect July 1, 2004.

Health Assessments

PA 04-221 requires the physicians, APRNs, RNs, and PAs who perform the health assessments required before school enrollment and in middle school and high school to completely fill out assessment forms in addition to signing them.

This takes effect July 1, 2004.

TEMPORARY PERMITS

PA 04-221 establishes a uniform 120-day temporary permit for several DPH-regulated professions. Under prior law, these permits were typically valid from the time a person graduated a training program until the results of the first licensing exam were reported, although some were valid from permit filing or issue date until the exam. The 120-day standard affects physician assistants; physical therapists, graduates of foreign physical therapy schools, and physical therapy assistants; occupational therapists; radiology technicians; most registered nurses (RNs) and licensed practical nurses (LPNs); and massage therapists. But the act reduces, from 120 to 90 days, the period for which a temporary permit is valid for RNs seeking license by endorsement.

This takes effect October 1, 2004, except the provisions concerning PT assistants are effective when DPH publishes notice that it is implementing regulations governing them and athletic trainers.

JK:ts