Office of Legislative Research
Connecticut General Assembly

OLR ACTS AFFECTING

HEALTH PROFESSIONS

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ANABOLIC STEROIDS

PA 05-73 prohibits practitioners from prescribing anabolic steroids solely for enhancing a patient's athletic ability or performance.

This took effect upon passage.

BARBERS, HAIRDRESSERS AND COSMETICIANS

PA 05-272 (§ 31) requires the Department of Public Health (DPH) to license, within 30 days of this provision's effective date, a barber who (1) was employed under the direction of a professional barber in Portugal for at least five years, (2) served for at least three years in the Portuguese armed forces before January 1979 and before becoming a barber, and (3) completed a minimum 600 hour course in an approved school.

This takes effect upon passage.

The same act (§§ 10-12) deletes an obsolete reference in the licensing statutes to barbers, and hairdressers and cosmeticians passing an equivalency examination.

This takes effect October 1, 2005.

BREAST CANCER SCREENING

PA 05-272 (§ 30) requires the best practices subcommittee of DPH's Quality of Care Advisory Committee to review and make recommendations, by January 1, 2006, concerning best practices for when breast cancer screening should be done by using comprehensive ultrasound screening or mammogram examination. The committee advises DPH on quality of care issues involving health care facilities, such as data collection and reporting performance measurement

This takes effect October 1, 2005.

CARDIAC CARE

PA 05-167 requires DPH's Quality of Care Advisory Committee to examine and evaluate (1) possible ways that an existing data collection system can be used to measure cardiac outcomes and (2) the potential for statewide use of a cardiac outcome data collection system. It must report its results and recommendations to the governor and Public Health Committee by December 1, 2007.

This took effect upon passage.

DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS

PA 05-213 revises the scope of practice for dentists, dental hygienists, and dental assistants, including establishing conditions under which licensed dentists can practice oral and

maxillofacial surgery. It allows a candidate for a dentist's license to substitute a year of post-graduate training for the practical portion of the licensing exam and provides a way for foreign-trained dentists to become licensed as dentists or dental hygienists. And it creates continuing education requirements for dentists.

This takes effect October 1, 2005.

By law, a dental office can be operated only by a licensed dentist or a professional service corporation organized to render professional dental services. The act subjects any other licensed practitioner providing dental services in a dental office or other location in violation of the law to disciplinary action by the Dental Commission. Discipline can include license suspension or revocation, probation, or a civil penalty.

PA 05-272 (§ 20) allows a professional service corporation whose capital stock is held by or under control of a personal representative or the estate of a deceased or incompetent dentist to operate a dental office or other location for providing dental services for up to 18 months from the date of the dentist's death or date the dentist is lawfully determined incompetent, as applicable.

This took effect upon passage.

DIALYSIS PATIENT CARE TECHNICIANS

PA 05-66 allows dialysis patient care technicians employed in outpatient dialysis units to administer, as necessary, saline, heparin, or lidocaine if (1) the ratio of on-duty direct patient care staff to dialysis patients is at least three to nine and (2) at least one of the three on-duty direct care staff is a state-licensed registered nurse. These medications are used for initiating or terminating a patient's dialysis.

The act (1) defines a "dialysis patient care technician" as a person certified as such by an organization approved by the DPH and (2) gives DPH regulatory responsibility for these technicians.

This takes effect October 1, 2005, except for the provision giving DPH regulatory responsibility for the technicians, which takes effect on and after the later of October 1, 2000, or the date DPH publishes notice in the *Connecticut Law Journal* indicating that it is implementing the licensing of athletic trainers and physical therapy assistants.

ELECTRONIC PRESCRIPTIONS AND ELECTRONIC MEDICAL RECORDS

PA 05-168 allows licensed prescribing practitioners to use electronic prescribing systems. The Department of Consumer

Protection (DCP) may, within available appropriations, help them comply with the voluntary effort.

The act allows licensed health care institutions to create, maintain, or use medical records or medical record systems in electronic format, paper, or both if the system can store medical records and patient health care information in a reproducible and secure manner.

It requires the Office of Health Care Access (OHCA), using its discretion, to exempt from certificate of need review any health care facility or institution proposing to purchase or operate an electronic medical record system after September 30, 2005.

This takes effect October 1, 2005.

EMERGENCY MEDICAL SERVICES

PA 05-257 places emergency medical technicians and paramedics who are part of the (1) Connecticut Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of DPH or (2) Connecticut Urban Search and Rescue Team, under the Department of Public Safety, under the active surveillance, medical control, and direction of the chief medical officer of such team or corps while involved in officially authorized civil preparedness duty or training. The act specifies that licensed or certified emergency medical service (EMS) personnel are part of the statutory definition of "civil preparedness forces."

By law, a physician assistant (PA) must work under the supervision of a licensed physician registered with the DPH as a supervising physician. This act allows a PA to work under the supervision of an unregistered physician if the PA (1) is part of the Connecticut Disaster Medical Assistance Team, Medical Reserve Corps, or Connecticut Urban Search and Rescue Team and (2) engaged in officially authorized civil preparedness duty or training conducted by such teams or corps.

The act requires the state to provide immunity from liability, under certain circumstances, to certain hospitals and their staff who oversee the training, distribution, and quality assurance of nerve antidote kits. It also immunizes, in certain situations, any person voluntarily operating an automatic external defibrillator.

Finally, the act specifies that the scope of practice of certified or licensed emergency medical technician (EMT)-basic, EMT-intermediate, and EMT-paramedic can include treatment modalities not specified in state regulations if they are (1) approved by the Office of Emergency Medical Services (OEMS) Medical Advisory Committee and DPH commissioner and (2)

administered at the medical control and direction of a sponsor hospital.

This took effect upon passage.

PA 05-55 allows a paramedic whose license has lapsed to (1) be recertified on a temporary basis as an EMT under certain conditions and (2) apply for renewal of his paramedic license or for recertification as a EMT before the temporary certificate expires. The temporary certification is valid for up to one year and is not renewable.

This takes effect October 1, 2005.

The law allows DPH to issue an EMT certificate to an applicant presenting satisfactory evidence of (1) current certification in good standing in any New England state, New York, or New Jersey; (2) completion of an initial training program consistent with the U.S. Department of Transportation, National Highway Traffic Safety Administration paramedic curriculum; and (3) no pending disciplinary action or unresolved complaint.

PA 05-272 (§ 4) amends the second criterion by referencing the "emergency medical technician" curriculum instead of the "paramedic curriculum."

This takes effect October 1, 2005.

By law, DPH sets the maximum allowable rates for ambulance services. Requests for rate increases can be made no more than once a year. ***PA 05-272*** (§ 19) requires DPH to immediately amend an ambulance service's rate schedule when its maximum allowable DPH-set rates fall below its Medicare allowable rates to bring the ambulance service's rates at or above the Medicare allowable rates.

This took effect upon passage.

FOOD OPERATORS

PA 05-122 directs DPH regulations to require that the test administered to qualified food operators include elements testing their knowledge of food allergies.

This takes effect October 1, 2005.

FUNERAL DIRECTORS AND EMBALMERS

PA 05-81 establishes a process and requirements for funeral directors to dispose of the cremated remains of a deceased person, including unclaimed or unaccepted remains. It requires a funeral director to complete a written form when the person with custody and control of the deceased requests cremation or the deceased had executed a cremation authorization form according to law. The written form must state the place and time of cremation and the method of disposal of the remains. If the cremated remains are not accepted as agreed to in the written form, the act allows

the funeral director to dispose of them using a number of specified methods after a certain time has passed and proper notice is sent to the responsible party.

The act establishes a parallel process for disposal of remains already in a funeral director's possession on July 1, 2005.

The act also directs the DPH to provide space on cremation permits for recording information about the intended manner of disposing of cremated remains.

This took effect July 1, 2005.

PA 05-272 (§ 13) directs a town registrar of vital statistics to issue a permit for disinterment to a licensed funeral director or embalmer upon an order of a probate judge.

This took effect upon passage.

PA 05-272 (§§ 33, 34) exempts facilities accepting bodies for anatomical donation from the laws on funeral directing.

This took effect upon passage.

PA 05-197 (1) expands the law governing advance directives people can create regarding the disposition of their bodies and (2) imposes financial reporting and conflict-of-interest rules on cemetery associations. It permits advance directives to include disposal options other than cremation (including burial, interment, or cryogenic preservation) or to designate someone to make decisions on the deceased's behalf. It also simplifies the process for creating advance directives, includes a model form, and eliminates a requirement that a DPH-authorized form be used.

The act limits the steps funeral directors must take before honoring the advance directive. Existing law governs the custody and disposal of remains when the decedent has died without an advanced directive or when the designated representative or next of kin cannot be located or refuses to take custody of the remains.

This takes effect October 1, 2005.

GRADUATE MEDICAL EDUCATION

Existing law on permits issued to medical school graduates allows them to participate in graduate medical education as interns, residents, or medical officer candidates in a hospital. The law governing clinical clerkships also allows medical students to participate in training in a hospital. ***PA 05-272*** (§ 9) allows them to participate in graduate medical education as interns, residents, or medical officer candidates or in clinical clerkships outside of the hospital in "hospital-based" programs.

This takes effect October 1, 2005.

HOSPITALS

PA 05-128 requires hospitals to notify each patient of his

rights under the hospital's conditions of participation in Medicare. Notification must be made upon the patient's admission and can be made to his guardian or representative as allowed by state and federal law. The notice must (1) be written; (2) specifically state the rights identified in the Medicare conditions of participation; and (3) provide information on how the patient can complain, including contacting DPH.

This takes effect October 1, 2005.

PA 05-80 requires the medical director of a chronic disease hospital to determine that the hospital and its staff are capable of adequately caring for and treating prospective patients, consistent with the hospital's by-laws, before they can be admitted. The director must have access to patients' records before making these determinations and may examine patients.

The act also eliminates obsolete language concerning DPH directly operating chronic disease hospitals. Under the act, the public health commissioner remains responsible for planning and contracting for statewide chronic disease control and treatment programs. And the act allows, rather than requires, him to provide and maintain facilities and personnel to diagnose and treat chronic diseases or contract for such services.

This takes effect October 1, 2005.

PA 05-280 includes "critical access hospital" under the category of "health care institution" for DPH regulatory purposes and defines it as a facility used intermittently, deployed at the discretion of the governor, or her designee, for training purposes in the event of a public health or other emergency for isolation purposes or triage and treatment during a mass casualty event.

This took effect July 1, 2005

INFERTILITY TREATMENT

PA 05-196 requires individual and group health insurance policies to cover the medically necessary costs of diagnosing and treating infertility. It specifies permissible coverage limitations and requirements. It also permits religious employers and individuals to exclude coverage if it is contrary to their religious tenets. Prior law required insurers and HMOs to offer infertility coverage to group plan sponsors, who could have rejected or accepted it.

The act requires a clinical practice that performs insurance-covered in-vitro fertilization, gamete intra-fallopian transfer, or zygote intra-fallopian transfer procedures to report certain information to DPH by February 1 following any year it performs the procedures.

This takes effect October 1, 2005.

MANAGED CARE APPEALS

The law allows an enrollee, or health care provider acting on an enrollee's behalf with his consent, who has exhausted the internal mechanisms provided by a managed care organization (MCO) or utilization review (UR) company to appeal a claim denial based on medical necessity to the insurance commissioner up to 30 days after receiving written notice of the denial. It also allows appeals of determinations not to certify an admission, service, procedure, or extension of stay.

PA 05-102 allows the insurance commissioner to issue an order specifying how an MCO or UR company must make determinations about procedural or diagnostic coding if she receives three or more appeals of denials or determinations by the same MCO or UR company about the same procedural or diagnostic coding. The commissioner can issue the order on her own motion.

This takes effect October 1, 2005.

MASSAGE THERAPISTS

PA 05-272 (§ 21) allows certain out-of-state massage therapists to provide uncompensated massage therapy during the Special Olympics or similar competitions for people with disabilities if the massage therapist (1) does not represent himself as Connecticut-licensed, (2) provides therapy under the supervision of a Connecticut-licensed massage therapist, and (3) provides therapy only to those participating in the competition. It applies to out-of-state massage therapists who are (1) licensed or certified in another state with standards substantially equivalent to Connecticut's or (2) if the other state does not require a license or certificate, members in good standing of the American Massage Therapy Association.

This took effect upon passage.

MEDICAL MALPRACTICE

PA 05-275 makes numerous changes in the laws dealing with civil litigation, primarily relating to medical malpractice; medical malpractice insurance regulation and oversight; and the regulation, oversight, and disciplining of doctors. (See the Public Act and the full OLR Public Act Summary for more detailed information, also see "Physicians" section.)

Effective dates vary depending on the provision.

PA 05-103 requires that under certain circumstances, professional liability insurance policies issued on a claims-made basis provide coverage for prior acts and unlimited extended reporting period coverage without additional charge to insureds. The requirement applies if, while an insured is covered under the policy, (1) the insurer stops offering the policy in Connecticut

for any reason and the insured is over the age of 55 and has been insured by the insurer for the seven consecutive years immediately preceding the discontinuance or (2) the insured dies, becomes permanently disabled and unable to carry out his or her practice, or retires permanently from practice. (The act overrides current regulations relating to physicians, advanced practice registered nurses, or physician assistants who retire.)

The act applies to policies delivered, issued for delivery, or renewed in Connecticut on or after October 1, 2005 to a physician or surgeon, advanced practice registered nurse, physician assistant, or hospital.

It makes coverage for prior acts and unlimited extended reporting period coverage enforceable against an insurer that stops offering such policies in Connecticut for any reason before the insured's death, disability, or retirement, if the insured is covered under the policy on the date the insurer stops offering the policy. The act requires the insurer to provide such coverage upon death, disability, or retirement in the same manner as if the insurer continued offering it in Connecticut.

This takes effect October 1, 2005.

MEDICATION ADMINISTRATION

PA 05-150 permits people who receive special training to administer medication to people receiving individual and family support services from the Mental Retardation. Children and Families, Mental Health and Addiction Services, and Correction departments. A licensed physician, dentist, advanced practice registered nurse, or physician assistant must prescribe the medication. The law already permits people with special training to administer medication to people in any of these agencies' residential facilities and day programs that are not licensed by DPH and to children in Judicial Department juvenile detention centers.

The agencies that license individual and family support programs or have authority over people who receive such services must adopt regulations governing medication administration and training.

This takes effect October 1, 2005.

PA 05-272 (§ 35) exempts private providers from the requirement imposed by PA 05-144 that the owner or operator of a before-or after-school program select and supervise an identified staff member trained to administer medication with a cartridge injector to a child in attendance who has a medically

diagnosed allergic condition that may require prompt treatment in order to protect him against serious harm or death. The act limits this requirement to programs administered in or on school buildings or grounds by local or regional boards of education and municipal agencies. The act also specifies that the programs be administered, rather than offered, by a school board or municipality.

Prior law required the staff member to be trained in cartridge injector use by a physician, physician assistant, advanced practice registered nurse, or registered nurse to complete a first aid course. This act instead requires either the training or the first aid course.

This takes effect October 1, 2005.

NURSES

PA 05-64 directs that any state regulations defining minimum service quality standards for home health care and homemaker-home health aide agencies require a registered nurse (RN) to visit and assess each patient receiving homemaker-home health aide series at least once every 60 days. The RN must complete the assessment while the aide is providing services in the patient's home. By law, the DPH can require home health care and homemaker-home health aide agencies to meet minimum service quality standards as a condition of licensure. If DPH requires this, it must adopt regulations defining these standards. Existing state regulations require an assessment at least every four weeks.

This took effect upon passage.

PA 05-272 (§ 39) establishes an ad hoc committee to help the DPH commissioner examine and evaluate the feasibility of a nurse intervention program as an alternative, voluntary, and private mechanism for the rehabilitation of any licensed nurse (1) with a chemical dependency or mental or physical illness, (2) who does not pose a threat to the health and safety of anyone in her nursing practice while participating in the program, and (3) agrees to have her rehabilitation monitored by program staff in lieu of disciplinary action. The committee includes the chairpersons and ranking members of the Public Health Committee or their designees, and the following members appointed by the DPH commissioner: (1) two DPH employees, (2) two Department of Mental Health and Addiction Services employees, (3) two representatives of the Connecticut State Board of Examiners for Nursing, (4) two representatives of a registered nurse professional organization in the state, (5) two representatives of a licensed

practical nurse professional organization in the state, and (6) two representatives from the nursing community at large with a background in substance abuse issues among nurses. The commissioner is an ex-officio member with full voting rights. He may expand the committee's membership from related fields if determined useful.

The commissioner must report the results of his examination with recommendations for any statutory changes by February 1, 2006 to the governor and Public Health Committee.

This took effect upon passage.

NURSE MIDWIVES

PA 05-272 (§ 19) requires that protocols between nurse midwives and OB/GYNs be written and made available upon request to, rather than filed with, DPH.

This took effect upon passage.

NURSING HOME ADMINISTRATORS

PA 05-272 (§ 32) adds continuing education courses offered or approved by the Association for Long Term Care Financial Managers to those accepted for required continuing education for nursing home administrators.

This takes effect October 1, 2005.

OPTICIANS

PA 05-119 permits plano cosmetic contact lenses (nonprescription contact lenses with colors or patterns) to be sold at retail, but only under the supervision of a licensed optician and in a registered optical establishment, office, or store. The act also specifies that it is not meant to restrict the ability of (1) licensed physicians trained and specializing in eye diseases or (2) licensed optometrists, from dispensing contact lenses.

The act makes retail selling of plano cosmetic contact lenses or optical glasses or related products, except under the supervision of a licensed optician and in a registered optical establishment, an unfair trade practice under the Connecticut Unfair Trade Practice Act.

This takes effect October 1, 2005.

OPTOMETRISTS AND OPHTHALMOLOGISTS

PA 05-36 allows licensed optometrists and ophthalmologists to delegate to trained people the use and application of ocular agents. The delegated activity may be performed only under the supervision, control, and responsibility of the optometrist or ophthalmologist. Prior law prohibited an optometrist from delegating to anyone the use, application, or prescription of

any ocular agent-D or ocular agent-T. The law continues to allow a patient, under an optometrist's care and direction, to self-administer ocular agents.

This takes effect October 1, 2005.

PA 05-156 requires the Board of Education and Services for the Blind (BESB) to establish criteria for low vision care and maintain a list of ophthalmologists and optometrists who are exclusively authorized to receive BESB funds through existing state fee schedules to provide specifically defined low vision services that increase eligible recipient's capacity to maximize use of their remaining vision.

This takes effect October 1, 2005.

ORGAN DONATION

PA 05-121 expands the way in which a person can become an organ and tissue donor. By law, the Department of Motor Vehicles (DMV) commissioner and the chief information officer of the Department of Information Technology must enter into an agreement with an organ and tissue procurement organization to provide the organization access to information on drivers who intend to be donors. The act requires the departments also to provide the procurement organization with information on individuals holding identity card who wish to be donors. Under the law, a person without a driver's license can apply to DMV for an identity card.

This takes effect October 1, 2005.

OUTPATIENT SURGICAL FACILITIES

The law allowed an outpatient surgical facility to operate without a DPH license until March 30, 2007 if the facility showed it (1) was operating before July 1, 2003, and (2) received an OHCA determination by that date that a certificate of need was not required. The facility must be licensed by March 30, 2007 in order to continue operating after that date.

Under ***PA 05-3***, only one of the conditions specified above must be met in order for the facility to operate without a license until March 30, 2007.

This took effect upon passage.

PA 05-212 authorizes outpatient surgical facilities and long-term care facilities to dispose of excess controlled substances.

This took effect upon passage.

PERFUSIONISTS

PA 05-280 establishes a licensure requirement for perfusionists, administered by DPH. Perfusionists operate circulation equipment during medical situations when it is necessary to temporarily and artificially replace the patient's

circulatory or respiratory functions. A perfusionist is part of the surgical team for operations, such as open-heart surgery.

This takes effect October 1, 2005, except that some of the provisions take effect on the later of October 1, 2000, or the date notice is published by the DPH commissioner in the *Connecticut Law Journal* that the licensing of athletic trainers and physical therapist assistants is being implemented.

PHARMACISTS AND PHARMACIES

PA 05-217 expands the settings in which pharmacists and physicians can enter into collaborative practice agreements to manage patients' drug therapy.

Under existing law, physicians and hospitals pharmacists, as well as physicians and pharmacists working in nursing homes, can enter such collaborative agreements. Hospital-based agreements are limited to inpatient drug therapies. These agreements must be (1) based on patient-specific written protocols and (2) approved by the hospital and nursing home, respectively. The protocols can authorize a pharmacist to implement, modify, or discontinue a drug therapy the physician prescribes, order associated lab tests, and administer drugs. The law requires the hospital or nursing home facility employing the pharmacist to determine his competency to participate in the collaborative agreement.

This act allows hospital pharmacists to enter into written, protocol-based collaborative drug therapy agreements to manage the drug therapy of patients receiving outpatient hospital care or services for (1) diabetes, (2) asthma, (3) hypertension, (4) hyperlipidemia, (5) osteoporosis, (6) congestive heart failure, or (7) smoking cessation.

Patients include those who qualify as targeted beneficiaries under the new Medicare Part D prescription drug benefit. The protocols must be patient-specific and established by the treating physician in consultation with the pharmacist. The hospital must determine the pharmacist's competency to participate.

The act also establishes a pilot program for collaborative drug therapy arrangements between physicians and community pharmacies.

This takes effect October 1, 2005 except that the pilot program provision took effect upon passage.

PA 05-272 (§ 45) repeals a revolving loan program to provide loans to federally qualified health centers to establish pharmacies or contract pharmacy arrangements with community pharmacies or other pharmacy contractors.

This took effect July 1, 2005.

PA 05-272 (§ 29) requires the DCP commissioner to convene a working group to submit recommendations to the governor and the Public Health Committee on the development and implementation of a program to authenticate the pedigree of prescription drugs distributed in Connecticut. The group consists of the DCP and emergency management and homeland security commissioners or their designees, a member of the pharmacy commission; the chairs of the Public Health Committee or their designees; and representative of retail drug establishments, independent pharmacies, and pharmaceutical manufacturers.

Under the act, "authenticate" means to affirmatively verify, before any distribution of a prescription drug occurs, that each transaction listed on the pedigree has occurred. "Pedigree" means a document or electronic file containing information that records each distribution of any given prescription drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesale distributor or repackager, to final sale to a pharmacy or other person dispensing or administering the drug. A "prescription drug" is any drug, including any biological product, except for blood and blood components intended for transfusion or biological products that are also medical devices that by federal law or regulations can be dispensed only by a prescription. It includes dosage forms and bulk drug substances subject to the federal Food, Drug and Cosmetic Act.

This act took effect upon passage.

PA 05-212 authorizes pharmacists to administer flu shots. It also requires DCP to (1) inspect retail pharmacies at least once every four years, (2) report to the General Law Committee on its pharmacy inspections and investigations, and (3) compile a quarterly regulatory action report. It requires the UConn Health Center to report to the Program Review and Investigations Committee on drug administration deficiencies in correctional institutions.

This took effect upon passage.

PA 05-73 makes prescriptions for controlled substances invalid if based solely on the results of an electronic questionnaire and not a physical examination.

This act also establishes penalties for violating the laws concerning collaborative drug therapy management agreements and prescription error reporting. The penalties are the same as those for all other provisions of the Pharmacy Practice Act: a violator is subject to a fine of up to $5,000, imprisonment for up to five years, or both.

This took effect upon passage.

PHYSICIANS

PA 05-67 requires the Office of the Chief State's Attorney to immediately notify DPH in writing when criminal charges are brought against a licensed physician for (1) reckless endangerment within the physician's scope of practice, (2) manslaughter, or (3) murder. After notification, DPH can begin an investigation of the physician, while the criminal charges are pending, to determine if the department should take any disciplinary action, including license suspension.

Existing law allows the Connecticut Medical Examining Board to take action against a physician's license if the physician has been found guilty or convicted of a felony. The law also allows a person to file a petition against a physician if that individual has information that appears to show that the physician is unable to practice with reasonable skill or safety.

This takes effect October 1, 2005.

PA 05-217 expands the settings in which pharmacists and physicians can enter into collaborative practice agreements to manage patients' drug therapy. (See "Pharmacists" for more information.)

This takes effect October 1, 2005, except that pilot program provisions take effect upon passage.

PA 05-275 (the "Medical Malpractice Act")

1. requires DPH to adopt guidelines for investigating complaints against, and disciplining, physicians (§§ 17 & 20);
2. expands the pool of people who may serve as members of DPH hearing panels from 18 to 24, specifies that at least eight, instead of eight, must be physicians, and at least one, instead of one, must be a physician assistant, and requires that one member must be a physician or a physician assistant, as appropriate (§§ 18 & 19);
3. amends the physician profile law to require more information about adverse licensure actions in other states, professional liability insurance, and active involvement in patient care and requires physicians to report any changes or updates in mandatory reporting information (§§ 22 & 23);
4. establishes continuing education requirements for physicians as a condition of license renewal, along with exemptions from these requirements under certain conditions (§§ 21, 24, and 25);
5. requires a physician whose license becomes void for failure to renew while on active duty in the armed

forces to complete continuing education requirements in order to have his license renewed (§ 25);

6. requires each health care facility to develop pre-surgery identification protocols by October 1, 2005 and the DPH commissioner to report on them to the Public Health Committee by that date (§ 26); and
7. requires each hospital to contract with a patient safety organization to gather medical- or health care-related data and make recommendations to the hospital on ways to improve patient care and safety (§ 27).

Various effective dates, see the Public Act.

PHYSICIAN ASSISTANTS

PA 05-219 expands the prescriptive authority of physician assistants by allowing them to prescribe and renew schedules II through V controlled substances in all settings. The act requires that in all cases where a physician assistant prescribes a schedule II or III controlled substance, the supervising physician must document his approval of the order in the patient's medical record within one calendar day, instead of cosigning the order within 24 hours, as under prior law.

Under prior law, a physician assistant, as delegated by the supervising physician, could (1) prescribe and administer schedules IV and V controlled substances in all settings; (2) renew prescriptions for schedules II and III controlled substances in outpatient settings; and (3) prescribe and administer schedules II and III controlled substances to an in patient in a short-term or chronic disease hospital, emergency room satellite of a general hospital, or after evaluation by a physician, in a chronic and convalescent nursing home.

This takes effect October 1, 2005.

PA 05-259 allows a physician assistant to work under the supervision of an unregistered physician if the physician assistant is (1) part of the Connecticut Disaster Medical Assistance Team, Medical Reserve Corps or Connecticut Urban Search and Rescue Team and (2) engaged in officially authorized civil preparedness duty or training conducted by such teams or corps. (See "Emergency Medical Services" for more information.)

This took effect upon passage.

PSYCHOLOGISTS AND PSYCHIATRISTS

PA 05-16 allows permanent UConn Health Center psychiatrists and psychologists to fill the two mental health slots

on the six-member Psychiatric Security Review Board. The board supervises people confined to a mental hospital or conditionally released into the community after having been acquitted of crimes due to a mental disease or defect. Prior law prohibited permanent state employees from serving on the board.

UConn psychiatrists and psychologists can be considered for membership if they have experience with the criminal justice system and no involvement in the administration of, or treatment decisions for, people under the board's supervision.

This takes effect October 1, 2005.

RESPIRATORY THERAPISTS

PA 05-8 allows licensed respiratory care practitioners to perform purified protein derivative tests to identify tuberculosis (TB) exposure.

This test, a tuberculin skin test, is used to see whether a person exposed to someone with active TB is infected with the bacteria (has latent TB). The test will be positive if the person has ever had a TB infection.

This takes effect October 1, 2005.

SCANNING EQUIPMENT

PA 05-93 amends the certificate of need (CON) process by eliminating the $400,000 capital expenditure threshold for CON review of proposals involving the purchase, lease, or donation acceptance of various types of scanning equipment and linear accelerators. The act specifies that equipment acquisitions involving CT scanners, PET scanners, PET/CT scanners, MRI scanners, cineangiography equipment, linear accelerators, or similar equipment with technology that is new or being introduced into the state is subject to CON review, regardless of the proposed capital expenditure or capital cost associated with the CON proposal.

The act provides exemptions and waivers from CON for the specific type of equipment listed above under certain conditions.

CON is a regulatory process, administered by OHCA, for reviewing certain proposed capital expenditures by health care facilities, acquisition of major medical equipment, institution of new services or functions, termination of services, transfer of ownership, and decreases in bad capacity. Generally, CON approval is a format statement by OHCA that a health facility, medical equipment purchase, or service change is needed.

This took effect July 1, 2005.

SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

PA 05-272 (§§ 14, 15, 18, 22-28) redefines the practice of speech pathology to mean speech and "language" pathology, which also includes the application of principles, methods, and procedures related to feeding and swallowing or other upper aerodigestive functions. The act makes many conforming technical changes.

One of the requirements for licensure as a speech pathologist or audiologist is a minimum of 36 weeks and 1,080 hours of full-time or a minimum of 48 weeks and 1,440 hours of part-time professional employment in speech pathology or audiology under the supervision of a licensed or certified speech pathologist or audiologist. This act waives the supervised employment requirements for those meeting the January 1, 2007 Standards for the Certificate of Clinical Competence in Audiology of the American Speech-Language Hearing Association, or its successor.

This takes effect October 1, 2005, except for § 15 which takes effect on the later of October 1, 2000 or the date the DPH commissioner publishes notice in the Connecticut Law Journal that the licensing of athletic trainers and physical therapist assistants is being implemented.

STEM CELL RESEARCH

PA 05-149 permits research involving embryonic stem cells in Connecticut if (1) it is conducted with full consideration of its medical and ethical implications and before the embryo undergoes a series of complex movements; (2) before beginning the research, the researcher provides documentation to the public health commissioner verifying that any human embryos, embryonic stem cells, human unfertilized eggs, or human sperm used were donated voluntarily; (3) the general research program under which the stem cell research is conducted is reviewed and approved by an institutional review committee as required by federal law; and (4) the specific protocol used to derive stem cells from an embryo is reviewed and approved by an institutional review committee. The act creates a Stem Cell Research Fund and authorized $100 million over 10 years for grants to eligible institutions for stem cell research.

The act also:

1. requires physicians or other health care providers treating a patient for infertility to provide the patient with timely, relevant, and appropriate information sufficient to allow the patient to make

an informed and voluntary choice about the disposition of any embryos or embryonic stem cells remaining after an infertility treatment.

2. prohibits a person from knowingly (a) engaging or assisting, directly or indirectly, in cloning a human being, (b) implanting human embryos created by nuclear transfer into a uterus or device similar to a uterus ("nuclear transfer" means replacing the nucleus of a human egg with the nucleus from another human cell); and (c) facilitating human reproduction through clinical or other use of human embryos created by nuclear transfer (violating any of these provisions results in a fine of up to $100,000, imprisonment up to 10 years, or both, with each violation a separate offense);
3. establishes a nine-member Stem Cell Research Advisory Committee responsible for establishing and administering, in consultation with the DPH commissioner, a program to provide stem cell research grants to eligible institutions; and
4. establishes a five-member Stem Cell Research Peer Review Committee responsible for reviewing all applications for grants and making recommendations to DPH and the advisory committee on the ethical and scientific merits of applications.

This took effect upon passage. ***PA 05-272*** (§ 36) imposes a fine of up to $50,000, imprisonment up to five years, or both, for conducting embryonic stem cell research after a certain process of development of the early embryo.

STRIKE CONTINGENCY PLANS

By law, a health care institution notified by a labor organization representing its employees of its intention to strike must file a strike contingency plan with the health commissioner. ***PA 05-172*** requires the institution to file the plan no later than five days before the scheduled strike, rather than immediately after receiving a strike notice.

PA 05-172 allows the DPH commissioner to issue a summary order to any nursing home failing to file within the specified time period. The order must require the home immediately to file a plan complying with the act and DPH regulations. A noncomplying nursing home is subject to a civil penalty of up to $10,000 for each day of noncompliance.

This takes effect October 1, 2005.

VETERINARIANS

PA 05-272 (§ 9) allows DPH to issue a 120-day temporary permit to a veterinarian license applicant seeking licensure without examination who holds a license in good standing from another state or jurisdiction. The applicant must complete an application form, pay a $450 fee, provide a copy of his license from another state or jurisdiction of the United States, and present a notarized affidavit attesting to its validity. The temporary permit is not renewable. DPH cannot issue a temporary permit to an applicant facing professional disciplinary action or who is the subject of an unresolved complaint.

This takes effect October 1, 2005.

JK:tjo