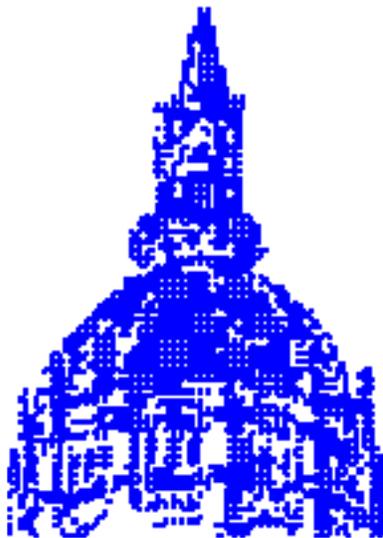


Office of Legislative Research
Connecticut General Assembly



OLR ACTS AFFECTING

Health Professions



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2007-R-0484
August 23, 2007

NOTICE TO READERS

This report provides brief highlights of new laws (public acts) affecting health professions enacted during the 2007 regular and special session. Each summary indicates the public act (PA) number and effective date. The report does not cover special acts.

Not all provisions of the acts are included here. Complete summaries of all 2007 public acts will be available in the fall when OLR's Public Act Summary book is published; some are already on OLR's website (www.cga.ct.gov/olr/OLRPASums.asp).

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library, House Clerk's Office, or General Assembly's website (www.cga.ct.gov/).

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ALCOHOL AND DRUG COUNSELORS

Existing law provides that the alcohol and drug abuse counselor licensure and certification statutes do not apply to various licensed professionals acting within the scope of their profession, doing work consistent with their training, and not holding themselves out as alcohol and drug counselors.

PA 07-252 (§§ 23-24) amends this exception by (1) removing chiropractors, acupuncturists, physical therapists, and occupational therapists from the exempt list; (2) adding professional counselors; and (3) specifying that “nurses” mean advanced practice registered nurses and registered nurses. It also specifies that the person must be working consistent with his or her license, rather than with his or her “training.”

This takes effect upon passage.

ALZHEIMER’S SPECIAL CARE UNITS-TRAINING

PA 07-252 (§§ 60-61) requires each Alzheimer’s special care unit or program to annually provide at least eight hours of Alzheimer’s- and dementia-specific training, including pain recognition and administration of

pain management techniques, to all nurse’s aides who provide direct patient care to residents in the special unit or program. Staff hired on or after October 1, 2007 must complete the training within six months of their employment date. Existing law requires such training for all licensed and registered direct care staff providing direct patient care to residents of Alzheimer’s special care units or programs. (The act amends PA 07-34, which requires Alzheimer’s special care units or programs annually to provide at least one hour of Alzheimer’s- and dementia-specific training to all unlicensed and unregistered staff.)

This takes effect October 1, 2007

ATHLETIC TRAINERS

PA 07-252 (§ 57) allows the Department of Public Health (DPH) to issue a temporary permit to practice athletic training to those applicants who have met all of the license requirements except that they have not yet taken or received the results of the certification examination. The act establishes a \$50 fee for this permit. The permit allows athletic trainers to practice under the supervision of a licensed athletic trainer and is limited to settings where the supervisor is physically present and immediately available to give assistance and supervision as

needed. It is valid for 120 days and cannot be renewed. It becomes void and cannot be reissued if the permittee fails the certification examination.

A permit cannot be issued to a person who has previously failed the certification examination or is the subject of an unresolved complaint or pending disciplinary action. Violating these restrictions can constitute a basis for denial of an athletic trainer license.

This takes effect October 1, 2007.

CIVIL PENALTIES AGAINST HEALTH CARE PROFESSIONALS

PA 07-252 (§ 5) increases, from \$10,000 to \$25,000, the civil penalty DPH and various health professional regulatory boards can assess against a health care professional. By law, DPH and various health professional boards and commissions can, after finding good cause, take various disciplinary actions against licensed health professionals. These actions include license suspension or revocation, censure, letter of reprimand, probation, or assessment of a civil penalty.

This takes effect October 1, 2007.

CREMATORIES

PA 07-252 (§ 11) requires crematories to keep on their premises records, copies of cremation permits, cremation authorization documentation, and documentation of receipt of cremated remains for at least three years after final disposition of the cremated remains.

This takes effect October 1, 2007.

PA 07-252 (§ 80) specifies that, if a deceased person's body is brought into Connecticut from another state for cremation with a permit for final disposition indicating cremation issued by the legal authority of the other state, that permit is sufficient authority for cremation and no additional permit is needed. (This provision amends PA 07-104.)

This takes effect July 1, 2007.

DENTISTS

Existing law allows applicants for dental licensure, in lieu of a practical examination, to submit evidence of successful completion of at least one year of graduate dental training in an accredited program. The supervising dentist must provide satisfactory documentation to DPH at the end of that year.

PA 07-252 (§ 45) allows the dental residency program director at the training facility to provide the documentation at any time rather than at the end of the year of the graduate training.

This takes effect upon passage.

PA 07-252 (§ 46) establishes an Office of Oral Public Health in DPH under the direction of an experienced public health dentist. The office must coordinate and direct state activities concerning state and national dental public health programs; serve as DPH's chief advisor on oral health; and plan, implement, and evaluate all DPH oral health programs.

This takes effect July 1, 2007.

PA 07-252 (§ 58) specifies that "conscious sedation" as used in the dentistry statutes does not include the administration of a single oral sedative or analgesic medication in a dose appropriate for the unsupervised treatment of insomnia, anxiety, or pain that does not exceed the maximum recommended therapeutic dose established by the federal Food and Drug Administration for unmonitored home use.

This takes effect July 1, 2007.

DISCIPLINARY ACTION AGAINST HEALTH PROFESSIONALS

PA 07-252 (§ 39) adds to DPH's disciplinary authority over licensed health practitioners the ability to not renew or reinstate a license or permit by voluntary surrender or agreement.

This takes effect upon passage.

ELECTRONIC HEALTH RECORDS

PA 07-2, JSS requires DPH, in consultation with the Office of Health Care Access and within available appropriations, to contract for the development of a statewide health information technology plan. This must be done through a competitive bid process by November 30, 2007. The statewide plan must include (1) general standards and protocols for health information exchange; (2) electronic data standards to facilitate the development of a statewide, integrated electronic health information system for use by state-funded health care providers and institutions funded by the state, including standards (a) on security, privacy, data content, structures and format, vocabulary, and transmission protocols, (b) for compatibility with any national data standards in order to allow for interstate interoperability, (c) permitting the

collection of health information in a standard electronic format, and (d) for compatibility with the requirements for an electronic health information system; and (3) pilot programs for health information exchange and the projected costs and sources of funding.

This takes effect July 1, 2007.

EMERGENCY MEDICAL TECHNICIANS (EMT)

PA 07-252 (§ 37) deletes EMTs II from the list of those who can take a blood sample following a motor vehicle accident resulting in serious injury or death.

This takes effect July 1, 2007.

FUNERALS AND FUNERAL SERVICE BUSINESSES

PA 07-104:

1. establishes certain requirements for transporting, handling, and cleansing dead human bodies;
2. requires that two hours of the required continuing education for licensed funeral directors and embalmers address laws on funeral services;
3. amends the procedures for bodies brought into Connecticut for cremation;

4. changes the current “burial transit removal permit” to a “removal, transit and burial permit” and makes corresponding changes to applicable statutes; and
5. amends the duties of sextons.

This takes effect upon passage for the provisions on transporting and preparing a dead body; July 1, 2007 for the other provisions.

PA 07-252 (§ 32) requires a person, firm, partnership, or corporation involved in the funeral service business to keep at the funeral business address of record (1) copies of all death certificates, burial permits, cremation authorizations, receipts for cremated remains, and written agreements used in making arrangements for final disposition of dead bodies, including copies of the final bill and other written evidence of agreement or obligation given to consumers, for at least three years after final disposition and (2) copies of price lists, for at least three years from the last date they were distributed to consumers.

This takes effect October 1, 2007.

PA 07-104 defines “disinfecting solution,” for purposes of preparing and transporting dead bodies, as an

aqueous solution or spray containing at least 5% phenol by weight. **PA 07-252** (§ 85) amends this to include “or an equivalent in germicidal action.”

This takes effect upon passage.

HEALTH CARE DECISION-MAKING

PA 07-252 (§§ 1, 2, 19-21) specifies that a short-form power of attorney can no longer be used for health care decision purposes.

It specifies that an appointment of a (1) health care agent or (2) power of attorney for health care decisions, properly executed before October 1, 2006 under the law in effect at that time has the same legal force and effect as if it had been executed according to the law after October 1, 2006. PA 06-195 amended and updated Connecticut law on health care decision-making by, among other things, (1) combining the authority of the health care agent and attorney-in-fact for health care decisions into a unified proxy known as the “health care representative” and (2) authorizing the health care representative to make any and all health care decisions for a person incapable of expressing those wishes.

This takes effect October 1, 2007.

HOSPICE

PA 07-23 (1) requires newly licensed hospices to provide hospice services in all settings and (2) sets conditions on the use of hospice-related titles and terms.

An organization seeking an initial hospice license from DPH beginning January 1, 2008 must agree to provide hospice care services for terminally ill people on a 24-hour basis in all settings, including private homes, nursing homes, residential care homes, or specialized residences providing supportive services. It must also provide DPH with satisfactory evidence that it has the necessary qualified personnel to provide the services.

The act prohibits an organization from using the title “hospice” or “hospice care program” or any titles, words, letters, or abbreviations indicating or implying hospice licensure unless it is licensed to provide hospice services by DPH and certified as a hospice by Medicare.

This takes effect October 1, 2007.

INTERPRETER SERVICES

PA 07-15 broadens the law governing accreditation for individuals who are paid for providing interpreter services to deaf and hearing-impaired people. It adds interpreters who hold only a National Association of the Deaf-National Registry of Interpreters for the Deaf (NAD/RID) national interpreting certificate to those able to provide such services. And it changes the testing requirement for those who use other credentials to become interpreters.

This takes effect October 1, 2007.

KIDNEY DISEASE SCREENING

PA 07-53 exempts gynecologists from the requirement that a physician screen for kidney disease as part of a patient's routine general medical examination.

Under prior law, physicians had to order a serum creatinine test as part of each patient's annual physical examination if the patient had not had such a test within the preceding 12 months. The act instead requires that this test be done as part of each patient's routine general medical examination, if not performed within the past 12 months. It also specifies that these medical examinations do

not include annual gynecological examinations.

This takes effect October 1, 2007.

LABORATORIES

PA 07-252 (§ 6) allows, rather than requires, the DPH commissioner to set laboratory fees and to do so without basing them on nationally recognized standards and performance measures for analytic work effort for such services as previously required. By law, DPH can establish state laboratories to test for preventable disease, as well as for sanitation, environmental, and occupational testing.

Laboratory services are provided without charge for local health directors and local law enforcement officials. The law also allows for partial, as well as full, fee waivers for others if the commissioner determines the public health requires it. The act clarifies that the commissioner can waive the fees if he establishes a fee schedule.

This takes effect October 1, 2007.

LEAD POISONING PREVENTION

PA 07-2, JSS requires primary care providers (e.g., physicians and advanced practice registered nurses) other than hospital emergency

departments, annually to screen every child between nine and 35 months old for lead levels. The screenings must follow the Childhood Lead Poisoning Prevention Screening Advisory Committee's recommendations. These providers must also screen (1) all children between 36 and 72 months old who have never been screened and (2) any child under 72 months if a provider determines it is clinically indicated under the advisory committee's recommendations. Under the act, primary care providers must also conduct annual lead risk assessments for children ages three to six and can assess younger children if they determine it is needed. Assessments must be conducted according to the advisory committee's recommendations.

By law, health care institutions and clinical laboratories must notify DPH and appropriate local health officials within 48 hours of receiving or completing a report on a person with a blood lead level of 10 or more $\mu\text{g}/\text{dL}$. The act requires them also to report the results within 48 hours to the health care provider who ordered the test. It requires this provider, within 72 hours of learning the results, to make reasonable efforts to notify the parents or guardians of a child under age three of the results. It requires the local health director to inform parents about the child's potential eligibility for the state's

Birth to Three program. (The current lead threshold for Birth to Three eligibility is 45 $\mu\text{g}/\text{dL}$.)

Under the act, whenever a health director receives a report that two blood tests taken at least three months apart confirm a child's blood lead level is between 15 to 20 $\mu\text{g}/\text{dL}$, the director must conduct an on-site investigation to identify the lead source and order whoever is responsible for the condition to remediate it. The act lowers the threshold for investigations to 10 $\mu\text{g}/\text{dL}$ if, beginning January 1, 2012, 1% or more of Connecticut children under age six have been reported with blood levels of at least 10 $\mu\text{g}/\text{dL}$.

The act permits local health directors to order a property owner to remediate any nuisance they find on the owner's property. Under prior law, they could order only abatement. Nuisances subject to remediation include lead paint, plumbing, sewerage, and ventilation. The act also permits directors to order the responsible party to correct cracked, chipped, blistered, flaking, peeling, or loose lead-based paint on exposed interior surfaces in rented one- or two-family houses, mobile homes, apartment buildings and boarding houses.

This takes effect October 1, 2007.

LICENSED RENEWAL FOR MEMBERS OF THE ARMED FORCES AND NATIONAL GUARD

PA 07-157 extends, from six months to one year after discharge, the grace period during which DPH must renew certain DPH credentials (i.e., licenses, certificates) that become void while the holders are on active duty in the armed forces. It establishes the same grace period for Connecticut National Guard members whose credentials lapsed while they were performing military service ordered by the governor.

This takes effect July 1, 2007.

MARITAL AND FAMILY THERAPISTS

PA 07-252 (§ 76) eliminates a requirement that a supervised practicum or internship for licensure as a marital and family therapist be a minimum of 12 months and completed within a 24-month period. The practicum or internship must still be completed in order to be licensed.

This takes effect upon passage.

PA 07-241 requires the State Board of Education (SBE) by June 1, 2008, to adopt regulations establishing standards for certifying marital and family therapists employed by boards of education. The

regulations must require (1) licensure by DPH as a marital and family therapist and (2) other experience the SBE considers appropriate for a marital and family therapist working in a school system.

This takes effect July 1, 2007.

MESSAGE THERAPISTS

PA 07-35 (1) replaces the title “Connecticut licensed massage therapist” with “massage therapist” and (2) prohibits anyone other than a licensed massage therapist or a holder of another applicable license from using the titles “massage therapist,” “licensed message therapist,” “massage practitioner,” “massagist,” “masseur,” or “masseuse.”

The act also prohibits advertising any of the services that comprise massage therapy in any manner using the term “massage,” unless the services are to be provided by a licensed massage therapist. It specifies that “advertising” includes (1) giving a card, sign, or device to anyone; (2) causing or allowing a sign or marking on a vehicle, building, or other structure; (3) advertising in a newspaper or magazine; and (4) placing a listing or advertisement in a directory under a heading or classification that includes the words “massage,” “massage therapist,” “massage therapy,” or “massage therapy

establishment.” It requires licensed massage therapists to include their license numbers in advertisements in newspapers, telephone directories, or other media.

It prohibits people who are not licensed massage therapists from advertising massage therapy services in either a public or private publication or communication by using “massage” or any term that implies a massage service activity.

This takes effect January 1, 2008.

PA 07-252 (§ 49) directs the DPH commissioner, within available appropriations, to enforce provisions of the law, including **PA 07-35**, concerning use of the title of “massage therapist” and related titles and advertising of massage therapy services.

This takes effect upon passage.

MEDICAL MALPRACTICE

PA 07-25 extends to insurers of any “medical professional,” instead of just insurers of physicians, advanced practice registered nurses, or physician assistants, the requirement to provide to the insurance commissioner a closed claim report. A “closed claim” is one that has been settled, or

otherwise disposed of, and for which the insurer has paid all claims. By law, the insurer must submit the report within 10 days after the last day of the calendar quarter in which a claim is closed. The report includes information only about claims settled under Connecticut law.

The act defines “medical professional” as any person licensed or certified to provide health care services to individuals, including chiropractors, clinical dietitians, clinical psychologists, dentists, nurses, occupational speech and physical therapists, optometrists, pharmacists, physicians, podiatrists, and psychiatric social workers. By law, a closed claim report contains details about the insured and the insurer, the injury or loss, the claims process, and the amount paid on each claim.

This takes effect October 1, 2007.

NURSES

PA 07-1, JSS doubles annual license renewal fees for nurses as follows: (1) RNs from \$50 to \$100, (2) APRNs from \$60 to \$120, (3) LPNs from \$30 to \$60, and nurse midwives from \$60 to \$120.

This takes effect July 1, 2007.

Beginning October 1, 2007, PA 07-9 allows nurses employed by licensed home health care or homemaker-home health aide agencies to administer flu and pneumococcal vaccines to patients in their homes. The vaccines may be administered without a physician's order, but must be done according to a physician-approved agency policy. The nurse must assess the patient for contraindications before administering the vaccine.

Under the act, a nurse means a registered nurse, licensed practical nurse, or an advanced practice registered nurse.

This takes effect upon passage.

PA 07-219 requires the Department of Social Services (DSS), within available appropriations and in consultation with DPH, to establish a pilot training program for nurse practitioners seeking to specialize in family practice. Under the program, the nurse practitioner receives one year of formal training at a community-based health center in a federally designated health professional shortage area, medically underserved area, or area with medically underserved populations.

The DSS commissioner, in consultation with the DPH commissioner, must establish program eligibility requirements. The pilot program must begin by October 1, 2008 and end by October 1, 2010.

This takes effect October 1, 2007.

NURSE MIDWIVES

PA 07-79 allows a nurse midwife who delivers a fetus born dead to sign the fetal death certificate. It also allows a nurse midwife to certify to the date of delivery and sign the fetal death certificate, provided the fetal death was anticipated, in cases in which the nurse midwife delivers a dead fetus and there is no physician present at the time of delivery. Prior law authorized the nurse midwife to certify to an infant death (a child born alive that dies shortly after birth), but not to a fetal death (a fetus over 20 weeks gestation that is born dead).

This takes effect October 1, 2007.

ON-LINE LICENSE RENEWAL

PA 07-185 requires DPH to establish, by July 1, 2008, a secure on-line license renewal system for physicians; dentists; and advanced practice, registered, and licensed practical nurses. DPH must allow those

using the system to pay their fees by credit card or electronic funds transfer from a bank or credit union account and can charge a service fee of up to \$5 for such payments.

This takes effect upon passage.

OPTOMETRISTS

PA 07-92 broadens the scope of practice of optometrists engaged in advanced optometric care by allowing them to remove superficial foreign bodies of the cornea. Prior law allowed them to only remove those bodies from the eye's outer layer (corneal epithelium) that had not perforated its second layer.

The act changes the conditions under which an optometrist must refer certain patients to an ophthalmologist. Finally, the act requires DPH to adopt regulations on continuing education for optometrists.

This takes effect October 1, 2007, except for the continuing education provision, which takes effect upon passage.

PA 07-252 (§§ 30,79) deletes (1) requirements that an optometrist applying for a license present satisfactory evidence to DPH of graduating from an approved high school or its equivalent and (2) related provisions and examination fees concerning license applicants

who have not graduated from an approved high school. It deletes a requirement that optometry schools have a minimum course of study of 1,000 attendance hours in order to be approved by the Board of Examiners for Optometrists. It also eliminates a provision that specifies that a school cannot be disapproved solely because it is located outside of the United States.

The act requires that optometric license applicants successfully complete an examination prescribed, rather than conducted, by DPH with the consent of, instead of under the supervision of, the optometry board. It also specifies that the examination cover the treatment and management of ocular disease.

The act makes both technical and substantive changes to requirements for licensure by endorsement. It eliminates a requirement that the other state give a similar privilege to Connecticut licensees seeking licensure in that state in order for Connecticut to license someone from that state by endorsement. It allows DPH to license by endorsement an optometrist who holds a Council on Endorsed Licensure Mobility for Optometrists certificate issued by the Association of Regulatory Boards of Optometry or its successor.

The act eliminates (1) a requirement that DPH annually inform the optometry board of the number of applications it receives for licensure without examination and (2) a provision that specifies that an otherwise qualified person cannot be denied the right to apply for or receive an optometrist's license solely because he or she is not a United States citizen. It also eliminates a \$50 examination fee.

The act restores "treatment of iritis" to the definition of "noninvasive procedures" for optometrists, which was inadvertently dropped in PA 07-92.

This takes effect October 1, 2007.

PA 07-252 (§ 36) allows school nurses and others authorized to administer medications to students to administer them pursuant to an optometrist's written order.

This takes effect July 1, 2007.

PHARMACISTS AND PHARMACIES

PA 07-252 (§§ 73-75) allows the Department of Consumer Protection (DCP) and DPH commissioners to (1) exchange information relating to a license or registration issued by their respective agencies or (2) exchange investigative information concerning violations of the law with each other, the

chief state's attorney, and law enforcement agencies.

The act increases the DCP commissioner's power to discipline controlled substance registrants, including placing a registration on probation, placing conditions on the registration, and assessing a civil penalty of up to \$1,000 per violation. It adds fraudulent billing practices as a sufficient cause for taking action against a registration.

It allows certain businesses that are not licensed pharmacies to use "pharmacy," "drug," and similar words in signs and advertisements.

This takes effect October 1, 2007.

PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

The law allows DPH to license without examination physical therapists and physical therapist assistants licensed or registered in another state or nation with similar or higher requirements than Connecticut's. **PA 07-252** (§§ 26-27) instead specifies that DPH must deem the other state's or nation's requirements to be equivalent to or higher than Connecticut's.

This takes effect October 1, 2007.

PA 07-252 (§ 42) specifies that qualifying continuing education activities for physical therapists include courses offered or approved by the American Physical Therapy Association or any of its components, a hospital or other licensed health care institution, or a regional accredited higher education institution.

This takes effect July 1, 2007.

PHYSICIANS

PA 07-49 permits a physician to place a person for psychiatric treatment in a chronic disease hospital under a 15-day emergency certificate if the hospital has a separate psychiatric unit. The act prohibits admission if the placing physician believes the person is actively suicidal or homicidal. Prior law permitted such a placement only in a “hospital for persons with psychiatric disabilities,” that is any public or private hospital that accepts psychiatric patients.

The act requires a psychiatrist to examine anyone admitted to a chronic disease hospital under a 15-day certificate within 24 hours of admission. (**PA 07-252** extends the exam requirement to within 36 hours.) Patients admitted under a certificate to an acute care or psychiatric hospital must, by law, be examined within 48 hours.

Before placing someone in a chronic disease hospital under an emergency certificate a physician must find the person to (1) have psychiatric disabilities, (2) be a danger to himself or others or gravely disabled (i.e., in danger of serious harm because the person cannot care for his or her own basic needs), and (3) be in need of immediate care and treatment in a hospital. The law applies the same requirements to people admitted under emergency certificates to psychiatric and acute care hospitals.

This takes effect October 1, 2007.

PA 07-119 eliminates the requirement that licensed physicians who supervise physician assistants (PAs) register with DPH and pay a \$37.50 registration fee. Each PA practicing in the state or participating in a resident PA program must continue to have a clearly identified supervising physician who has the final responsibility for patient care and the PA’s performance. The act eliminates a requirement that a supervising physician notify DPH in writing within 30 days of terminating a physician-PA relationship.

This takes effect July 1, 2007.

PHYSICIAN ASSISTANTS

PA 07-252 (§ 41) establishes penalties for someone buying, selling, or fraudulently obtaining a diploma or license to practice as a physician assistant (PA). It also applies to using titles or words that induce the belief that a person is practicing as a PA without complying with the law on physician assistant licensure. The act establishes a fine of up to \$500, imprisonment up to five years, or both. It specifies that failure to timely renew a license is not a violation for these purposes.

This takes effect July 1, 2007.

PA 07-119 specifies that licensed PAs who are part of the Connecticut Disaster Medical Assistance Team, the Medical Reserve Corps, or the Connecticut Urban Search and Rescue Team may provide patient services under the supervision, control, responsibility, and direction of a licensed physician.

This takes effect July 1, 2007.

PODIATRISTS

PA 07-252 (§§ 25, 34-35) expands the scope of practice of podiatric medicine to allow podiatrists to engage independently in standard and advanced ankle surgery procedures if they meet certain requirements and qualifications.

Under the act, licensed podiatrists with additional qualifications beyond board qualification or certification may be permitted to perform surgical treatment of the ankle. Surgical treatment of the ankle does not include the performance of total ankle replacements or treatment of tibial pilon fractures.

Under the act, a podiatrist cannot engage in independent ankle surgery procedures without receiving a permit from DPH, which must develop a process for issuing such permits.

The act requires the DPH commissioner to appoint a four-member advisory committee consisting of podiatrists and orthopedists to assist in evaluating permit applicants. The commissioner must also adopt regulations for evaluating an applicant's training and experience in various ankle procedures.

The act also eliminates a requirement that a podiatrist provide DPH with satisfactory evidence of a high school diploma or its equivalent in order to obtain a license.

This takes effect October 1, 2007.

PREFERRED PROVIDER NETWORKS

PA 07-191 revises the formula that determines the amount of financial security preferred provider networks (PPNs) and managed care organizations (MCOs) that contract with PPNs must post, maintain, or arrange for by letter of credit, bond, surety, reinsurance, reserve, or other means. In case of insolvency or nonpayment, the PPN, or another entity the insurance commissioner designates, must use the security to pay the network's health care providers.

Under prior law, the security amount required was the greater of (1) an amount calculated based on the two quarters in the past year in which the largest amounts were owed to network providers, (2) the actual outstanding debt owed them, or (3) another amount the commissioner determined. The act changes the formula's first prong to an amount sufficient for the PPN to pay the providers for two months based on the two months in the past year in which the PPN owed the largest amount to them. It leaves the two other prongs unchanged.

By law, the financial security amount maintained may be credited against the network's

minimum net worth requirement. The commissioner must review the amount and the calculation on a quarterly basis.

This takes effect July 1, 2007.

PROFESSIONAL ASSISTANCE PROGRAM FOR HEALTH CARE PROFESSIONALS

PA 07-103 allows state or local health care professional societies and organizations to establish a single assistance program to serve all health care professionals. The assistance program must have one or more medical review committees to review and monitor participation by health care professionals in the assistance program. The committee must determine a person's appropriateness for the program before admittance. The act specifies various confidentiality provisions concerning the program and participation by health care professionals.

The assistance program is an alternative, voluntary, and confidential program to rehabilitate health care professionals. It must provide a variety of educational, rehabilitative, and supportive services to those with a chemical dependency, emotional or behavioral disorder, or physical or mental illness. It must include mandatory, periodic evaluations of each participant's ability to practice with skill and safety and

without posing a threat to the health and safety of any person or patient in the health care setting.

The program must annually report certain information to DPH, licensing boards, and the Public Health Committee.

The program is available to: physicians and surgeons, physician assistants, chiropractors, naturopaths, homeopathic physicians, podiatrists, athletic trainers, physical therapists, occupational therapists, alcohol and drug counselors, radiographers and radiologic technologists, nurse-midwives, nurses, dentists, dental hygienists, optometrists, opticians, respiratory care practitioners, psychologists, marital and family therapists, clinical social workers, professional counselors, veterinarians, massage therapists, dietitian-nutritionists, acupuncturists, paramedics, hearing instrument specialists, speech pathologists and audiologists, and embalmers and funeral directors.

DPH must establish an oversight committee to monitor program quality. The oversight committee must meet with the assistance program on a regular basis; the program must also undergo an annual audit.

This takes effect upon passage.

PROFESSIONAL COUNSELORS

For purposes of meeting graduate educational requirements for licensure as a professional counselor, **PA 07-252** (§ 47) recognizes coursework at a regionally accredited institution in the following areas:

(1) human growth and development, (2) social and cultural foundations, (3) counseling theories and techniques or helping relationships, (4) group dynamics, (5) processing and counseling, (6) career and lifestyle development, (7) appraisals or tests and measurements for individuals and groups, (8) research and evaluation, and (9) professional orientation to counseling. These replace references in prior law to the core and clinical curriculum of the Council for Accreditation of Counseling and Related Educational Programs and preparation in principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior. The act also deletes a requirement that acceptable graduate semester hours must be deemed to be in or related to counseling by the National Board for Certified Counselors.

This takes effect upon passage.

RADIOGRAPHERS AND RADIOLOGIC TECHNOLOGISTS

PA 07-252 (§§ 43-44) allows licensed radiographers to operate a medical x-ray system under the supervision and upon the written order of a physician. The act also allows operation of such a system upon a physician's verbal order. It also allows licensed radiologic technologists to administer any medications, not just intravenous ones, for diagnostic procedures in various health care settings, not just hospitals.

This takes effect upon passage.

RESPIRATORY CARE PRACTITIONERS

Existing law requires a respiratory care practitioner applying for license renewal to either (1) earn a minimum of six contact hours of continuing education within the preceding registration period or (2) maintain credentialing as a respiratory therapist from the National Board for Respiratory Care. PA 07-252 (§ 31) eliminates the latter option. A registration period is the one-year period for which a renewed license is current and valid.

This takes effect July 1, 2007.

RETIRED HEALTH PROFESSIONALS' LICENSE FEES (PHYSICIANS, DENTISTS)

PA 07-82 allows (1) retired dentists to renew their licenses at a reduced fee and (2) certain physicians volunteering their services to renew their licenses at no charge.

Under the act, a dentist who has retired may renew a license for \$45. The DPH license issued must indicate that the dentist is retired. DPH must adopt regulations by January 1, 2008 that include (1) a definition of "retired from the profession" as it applies to dentists; (2) procedures for a retired dentist to return to active employment; and (3) appropriate restrictions on retired dentists' scope of practice, including restricting the license to providing volunteer services without pay.

The act allows a physician who (1) practices for no fee for at least 100 hours a year at a public health facility and (2) does not otherwise practice medicine, to renew a license without charge. Existing law defines a "public health facility" as a hospital, community health center, group home, school, preschool operated by a local board of education, Head Start program, rest home, health care facility for the handicapped, nursing home, residential care home, mental health facility, home health care agency, homemaker-home health

aide agency, substance-abuse treatment facility, infirmary operated by an educational institution, and an intermediate-care facility for the mentally retarded.

This takes effect October 1, 2007.

SANITARIANS

PA 07-252 (§ 33) expands the grounds on which DPH may refuse to issue or renew, or suspend, a license or take other disciplinary action against a sanitarian as follows: (1) the sanitarian has been found guilty or convicted of an act that is a felony under Connecticut or federal law, or under the laws of another jurisdiction, which, if committed in Connecticut, would have been a felony or (2) has been subject to disciplinary action similar to that of Connecticut's by an authorized professional disciplinary agency in any state, the District of Columbia, a U. S. territory or possession, or a foreign country.

This takes effect October 1, 2007.

UNLICENSED ASSISTIVE PERSONNEL

PA 07-76 allows unlicensed "assistive personnel" employed in residential care homes to perform limited health-related activities for residents. Under the act, they can obtain and record a

resident's blood pressure and temperature with digital medical instruments if such instruments (1) have internal decision-making electronics, microcomputers, or software that interpret physiologic signals and (2) do not require the user's discretion or judgment.

The act also allows unlicensed assistive personnel to obtain and document a resident's weight and to assist residents in using glucose monitors for obtaining and documenting blood glucose levels.

This takes effect October 1, 2007.

VETERINARIANS

PA 07-252 (§ 48) specifies that graduates of foreign veterinary schools must graduate from a program acceptable to the American Veterinary Medical Association as required to receive certification by the Educational Commission for Foreign Veterinary Graduates.

This takes effect upon passage.

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