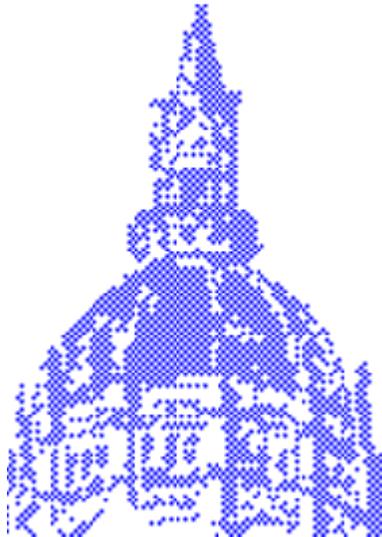


Office of Legislative Research
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HEALTH PROFESSIONS



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NOTICE TO READERS

This report provides brief highlights of new laws (public acts) affecting health professions enacted during the 2008 regular and special sessions. Each summary indicates the public act (PA) 2008 number and effective date. The report does not cover special acts.

Not all provisions of the acts are included here. Complete summaries of all 2008 public acts will be available in the fall when OLR's *Public Act Summary* book is published; some are already on OLR's webpage: <http://www.cga.state.ct.us/olr/publicactsummaries.asp>.

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>.

TABLE OF CONTENTS

ACUPUNCTURISTS.....	4
ALZHEIMER'S SPECIAL CARE UNITS	4
AMBULANCE SERVICES.....	4
Additional Vehicles.....	4
Mass Gatherings	4
ASBESTOS AND LEAD PRACTITIONERS AND CONSULTANTS	5
CERTIFICATE OF NEED.....	5
CONTROLLED SUBSTANCE REGISTRATION	5
DENTAL ASSISTANTS	6
DENTISTS	6
ENVIRONMENTAL HEALTH.....	6
IMMUNIZATIONS	7
KIDNEY DISEASE SCREENING.....	7
LABORATORY FEES	8
HOSPICE.....	8
HOSPITALS	8
Community Benefits	8
MRSA.....	9
Nurse Staffing.....	9
Occupational Schools.....	10
NATUREOPATHS	10
NURSES	11
License Renewal.....	11
Administration of Vaccines.....	11
Advanced Practice Registered Nurses (APRNs)	11
APRNs-Admissibility of Records.....	12
NURSING HOME ADMINISTRATORS.....	12
Continuing Education	12
Pre-Admission Screening.....	12
OPTOMETRISTS	13
ORGAN DONATIONS	13
PATIENT HEALTH RECORDS	13
PERFUSIONISTS.....	14
PHYSICIANS.....	14
License Renewal-Provision of Free Services	14
Physician Profile-Extending to Other Health Care Providers	14
PHYSICIAN ASSISTANTS.....	15
Admissibility of Records in Civil Cases	15
Prescribing Durable Medical Equipment.....	15
Certify Disability	15
PSYCHOLOGISTS.....	15
PUBLIC HEALTH PREPAREDNESS	16
RADIOGRAPHERS	16
Limited Licensure Period.....	16
Dental Assistant Students.....	17
REPORTABLE DISEASES	17
SOCIAL WORKERS	17
STEM CELL RESEARCH.....	17

ACUPUNCTURISTS

For a 30 day period following the act's passage, **PA 08-184** (§ 33) allows the Department of Public (DPH) to license as an acupuncturist any applicant presenting satisfactory evidence to DPH of (1) receiving a bachelor of medicine degree before 1985, (2) successfully completing all portions of the acupuncturist examination administered by the national Commission for the Certification of Acupuncturists, and (3) successfully completing the Clean Needle Technique Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.

This takes effect upon passage.

ALZHEIMER'S SPECIAL CARE UNITS

PA 08-184 (§ 38) increases, from three to eight hours annually, the required dementia-specific training that each Alzheimer's special care unit or program must provide to all licensed and registered direct care staff and nurse's aides providing direct patient care to residents in the special care unit or program. This training is in addition to the eight hours of training existing law requires within the first six months of employment.

This takes effect October 1, 2008.

AMBULANCE SERVICES

Additional Vehicles

The law permits a licensed or certified volunteer municipal ambulance service that is a primary service area provider to add one emergency vehicle to its fleet every three years without having a public hearing. The one vehicle limit applies to the provider's entire fleet regardless of the number of towns it serves. **PA 08-184** (Sec. 40) allows hospital-based ambulance services to add a vehicle to its fleet under this process.

This takes effect October 1, 2008.

Mass Gatherings

The local police chief must license an assembly of 3,000 or more people that is expected to last 18 or more consecutive hours. **PA 08-184** (§ 45) revises one of the licensing requirements.

It requires a license applicant to show proof that he or she will furnish a written plan that has been reviewed by the primary service area responder for the town in which the event is to be held that indicates satisfactory planning and arrangements for an ambulance to be on the site for the event's duration.

Previously, the applicant had to show proof that he or she would provide (1) at least one doctor for

every 1,000 people and one nurse for every 1,500 anticipated attendees, (2) an enclosed structure for treatments, and (3) at least one ambulance at all times.

This takes effect October 1, 2008.

ASBESTOS AND LEAD PRACTITIONERS AND CONSULTANTS

PA 08-184 (§ 59) permits the DPH commissioner to make agreements with other states' agencies concerning training for asbestos and lead abatement practitioners and consultants that run from the act's passage to June 30, 2009. The agreements must establish criteria out-of-state agencies approve to satisfy the training DPH requires for practitioners' and consultants' licensure and certification.

This takes effect upon passage.

CERTIFICATE OF NEED

PA 08-14 amends the Office of Health Care Access (OHCA) certificate of need (CON) review process by:

1. adding a new exemption for capital expenditures for nonclinical purposes if certain conditions are met;
2. changing certain registration and notice periods applicable to exempt facilities and institutions; and

3. specifying that, when reviewing CON applications for capital expenditures or for the acquisition of equipment by health care facilities, institutions, providers, or persons, OHCA must consider a set of existing statutory principles and guidelines concerning financial feasibility, impact on health care quality and accessibility, and the public need for the proposal.

The act also changes several deadlines in the CON process, mainly to reflect a change from business to calendar days.

This takes effect upon passage for the new CON exemption; July 1, 2008 for the other provisions.

CONTROLLED SUBSTANCE REGISTRATION

PA 08-25 makes the registration certificate for a controlled substance practitioner valid for two years, rather than one, and makes a corresponding adjustment in the fee, raising it from \$10 to \$20. The law requires practitioners who distribute, administer, or dispense controlled substances to obtain a registration certificate from the consumer protection commissioner. A "practitioner" is a physician, dentist, veterinarian, podiatrist, optometrist, physician assistant, advanced practice registered nurse, nurse-midwife, scientific investigator, or other

person licensed, registered, or otherwise permitted to distribute, dispense, or conduct research with respect to a controlled substance in the course of professional practice or research.

A “practitioner” can also be a hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer, a controlled substance in the course of professional practice or research.

This takes effect October 1, 2008.

DENTAL ASSISTANTS

(see **PA 08-184** (§ 37) described under “*RADIOGRAPHERS-Dental Assistant Students*”)

DENTISTS

PA 08-24 requires state-licensed dentists to offer to those patients who need removable prosthetic dentures, bridges, appliances, or other structures the opportunity to have the patient’s name or initials placed on the prosthesis. This applies to dentists who either make or direct the prosthesis to be made.

The markings must be done when the prosthesis is made with the location and methods used to apply or implant the markings determined by the dentist or person acting on his or her behalf. The markings must be permanent, legible, and cosmetically acceptable.

The dentist must advise the patient of any additional charges for the prosthesis markings. The act allows the markings to be omitted if the dentist or entity making the prosthesis determines it is not practicable or clinically safe.

This takes effect October 1, 2008.

ENVIRONMENTAL HEALTH

PA 08-137:

1. modifies DPH’s review and approval process concerning proposals for new water supplies;
2. specifies which town is responsible for paying relocation assistance to people who have been displaced due to enforcement actions by district departments of health;
3. expands the potential disciplinary actions DPH can take against department-licensed or -certified people or entities who engage in actions harmful to property owners;
4. requires installers of irrigation systems or other physical connections between public water supply distribution systems and other water systems to notify the water company of the installation, authorizes local health directors to order mitigation measures

- if such connections create an unreasonable risk of injury to health and safety, and requires DPH to adopt regulations on irrigation systems and other physical connections; and
5. establishes a penalty for prohibited aircraft-related activities on reservoirs and amends the penalties for other violations concerning improper activities on public water supplies.

This takes effect October 1, 2008, except for the relocation assistance provision, which is effective upon passage.

IMMUNIZATIONS

Beginning August 1, 2010, **PA 08-184** (§ 44) requires full-time or matriculating students at a Connecticut college or university who were born after December 31, 1956 to show proof that they have been adequately immunized against mumps and chickenpox as recommended by the national Advisory Committee for Immunization Practices. The law already contains a similar requirement for measles and rubella immunization.

The act provides exemptions from the mumps and chickenpox immunization requirement that parallel those already permitted for measles and rubella. A student can be exempted by: (1) presenting a (a) doctor's certification that the immunization is contraindicated, (b) statement that immunization

is contrary to his or her religious beliefs, or (c) doctor's or health director's certification that the student has had a confirmed case of the disease; (2) enrolling only in a distance learning or other program in which students do not congregate on campus; or (3) having graduated from a high school in the state after 1998 without being exempt from the mumps immunization requirement.

This takes effect October 1, 2008.

KIDNEY DISEASE SCREENING

Prior law required physicians to order a serum creatinine test (test for kidney disease) as part of each patient's routine general medical examination, if not performed within the previous 12 months. The law provided that this did not apply to patients under 18 years old and a "routine general medical examination" did not include an annual gynecological examination. Also, prior law required that if this test was performed on a hospital inpatient, the ordering provider had to request at least once during the patient's stay that the testing laboratory report an estimated glomerular filtration rate (eGFR). This was required if the patient had not had the test in the year preceding the hospitalization.

PA 08-184 (§ 36) eliminates the testing requirements placed on physicians and hospitals. It continues the existing requirements that a clinical laboratory, when it does test a specimen to determine a patient's serum creatinine level if ordered by a physician or hospital provider, to (1) calculate the patient's eGFR using the patient's age and gender and (2) include the patient's eGFR with its report to the physician or hospital provider. (eGFR is a measure of how effectively the kidneys are removing waste and excess fluid from the blood. It is calculated on a blood test for creatinine.)

This takes effect October 1, 2008.

LABORATORY FEES

By law, DPH can establish state laboratories to test for preventable disease, as well as to perform sanitation, environmental, and occupational testing. The law also allows the DPH commissioner to set laboratory fees. Laboratory services are provided without charge for local health directors and local law enforcement officials.

The law allows for partial, as well as full fee, waivers for others if the commissioner determines the public health requires it. He may also waive fees for chlamydia and gonorrhea testing for nonprofit organizations if the organization provides

combination chlamydia and gonorrhea test kits. **PA 08-184** (§ 54) extends the fee waiver to chlamydia and gonorrhea testing for higher education institutions that offer the kits.

This takes effect July 1, 2008.

HOSPICE

PA 08-158 requires the Department of Social Services to amend the Medicaid state plan to add hospice services, beginning January 1, 2009. Previously, the state provided Medicaid-funded home health care services but not the full panoply of hospice-type benefits required by Medicaid law. Under federal Medicaid law, states have the option to cover these services.

This takes effect January 1, 2009.

HOSPITALS

Community Benefits

Prior law required each hospital and managed care organization (MCO) to submit a biennial report to DPH on whether it had a community benefits program. The law defines these programs as voluntary programs to promote preventive care and improve the health status of working families and populations at risk in the communities within the MCO's or hospital's geographic area. The DPH commissioner had to summarize and analyze the required reports biennially and

make summaries available to the public. He was authorized to impose civil penalties on hospitals and MCOs that failed to submit required reports.

PA 08-184 (§ 39) instead requires that the hospitals and MCOs provide their community benefits reports to the healthcare advocate or his designee and transfers the DPH commissioner's powers and duties to the healthcare advocate, who must summarize and analyze the reports, within available appropriations.

This takes effect October 1, 2008.

MRSA

By January 1, 2009, **PA 08-12** requires each licensed hospital to develop a plan to reduce the incidence of methicillin-resistant staphylococcus aureus (MRSA) infection at the hospital. The MRSA plan must at least include the hospital's strategies for reducing such infections. Each hospital must provide its plan, which is a public record, to DPH.

MRSA means the strain of staphylococcus aureus bacteria that is resistant to oxacillin or methicillin and detected and defined according to the Clinical and Laboratory Standards Institute's (CLSI) Performance Standards for Antimicrobial Susceptibility Testing.

The act applies to licensed hospitals which, by law, are establishments for the lodging,

care, and treatment of people suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals.

This takes effect July 1, 2008.

Nurse Staffing

Beginning July 1, 2009, **PA 08-79** requires each licensed hospital, upon request, to make available to DPH a prospective nurse staffing plan and a written certification that the plan is sufficient to provide adequate and appropriate patient health care services in the ensuing hospital licensure period.

The plan must promote collaborative practice in the hospital that improves patient care and the level of services that nurses and other hospital patient care team members provide.

The act requires each hospital to establish a staffing committee to assist in preparing the nurse staffing plan. The hospital, in collaboration with the committee, must develop and implement the plan to the best of its ability. Hospitals may use existing committees to assist in plan development under certain conditions.

"Hospital" means an establishment for the lodging, care, and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals.

This takes effect October 1, 2008.

Occupational Schools

PA 08-116 requires hospitals that offer any form or manner of trade, industrial, commercial, service, professional, or other occupational instruction for remuneration, consideration, reward, or promise, to obtain an authorization certificate from the higher education commissioner for such instruction. It excludes from this requirement instruction that hospitals provide to their employees, medical staff, and contracted workers. The hospital-based occupational school must pay a \$200 application fee payable to the General Fund's Private Occupational School Student Protection Account when submitting an initial authorization application.

It requires the commissioner to develop a prioritization process for authorizing such schools, based on the size and scope of the instruction they offer. The schools must comply with the act's provisions as required by the commissioner, or by 2012, whichever is earlier.

The act specifies that each hospital-based occupational school's authorization period is three years, regardless of the law requiring annual reauthorization for private occupational schools in their first four years of operation. The schools must pay a \$200 renewal fee payable to the Student Protection Account. And

each school must pay one-half percent of its quarterly net tuition revenue to the Student Protection Account, in accordance with the payment schedule established by law.

This takes effect July 1, 2008.

NATUREOPATHS

PA 08-184 (§ 12) establishes continuing education requirements for natureopaths. For registration periods beginning on and after October 1, 2009, a natureopath applying for license renewal must earn a minimum of 15 contact hours of continuing education within the preceding registration period. "Registration period" means the one-year period for which a renewed license is current and valid. "Contact hour" means a minimum of 50 minutes of continuing education activity.

The continuing education must be directly related to natureopathy practice and reflect the professional needs of the licensee in meeting the public's health care needs. Qualifying continuing education includes courses offered on-line and those offered or approved by the American Association of Naturopathic Medical Colleges, regionally accredited higher education institutions, or state or local health departments.

A first-time license renewal applicant is exempt from the continuing education requirements. The act gives the DPH commissioner the discretion

to waive the continuing education requirements or grant a time extension in cases of medical disability or illness if the licensee submits an application for the waiver or extension on a DPH-prescribed form and provides certification of the disability or illness by a licensed physician and other documentation the commissioner may require. The commissioner can grant a waiver or time extension for up to one registration period; he may grant additional waivers or extensions if the disability or illness continues beyond that period and the person files for the additional waiver or extension.

A person whose license becomes void for failure to renew and who applies for reinstatement must provide evidence documenting completion of 15 contact hours of continuing education within the one-year period immediately preceding his or her reinstatement application.

This takes effect October 1, 2008.

NURSES

License Renewal

PA 08-184 (§ 50) requires DPH, by January 1, 2009, to report to the Public Health Committee on the feasibility and implications of implementing a biennial license renewal system

for nurses (registered nurses, licensed practical nurses, and advanced practice registered nurses).

This takes effect July 1, 2008.

Administration of Vaccines

Existing law allows nurses working for home health care or homemaker home health care agencies to administer flu and pneumonia vaccines to people in their homes without a physician's order after an assessment for contraindications and according to a physician-approved agency policy.

PA 08-184 (§ 10) requires the policy to include an anaphylaxis protocol. In the case of an adverse reaction to a vaccine, the act authorizes the nurse to also administer epinephrine or other anaphylaxis medication without a physician's order according to the approved agency policy.

This takes effect October 1, 2008.

Advanced Practice Registered Nurses (APRNs)

PA 08-21 permits APRNs and social workers who are members of crisis intervention or advanced supervision and intervention support teams operated by or under contract with the Department of Mental Health and Addiction Services (DMHAS) to issue emergency certificates directing a person with psychiatric disabilities to be taken to a hospital for

evaluation. Previously, only social workers and APRNs who were members of a DMHAS-operated or –funded mobile crisis team, jail diversion program, or assertive case management program could issue emergency certificates.

As with social workers and APRNs previously authorized to issue emergency certificates, those working in the newly covered programs must (1) have received at least eight hours of specialized training in conducting direct evaluations and (2) as a result of direct evaluation, believe the person has psychiatric disabilities; is a danger to himself, herself, or others, or gravely disabled; and needs immediate care or treatment.

This takes effect upon passage.

APRNs-Admissibility of Records

(see **PA 08-48** under “PHYSICIAN ASSISTANTS-Admissibility of Records in Civil Cases”)

NURSING HOME ADMINISTRATORS

Continuing Education

PA 08-184 (§ 16) adds courses offered or approved by the Connecticut Assisted Living Association and the Connecticut Alliance for Subacute Care to

those that meet continuing education requirements for nursing home administrator licensure.

This takes effect October 1, 2008.

Pre-Admission Screening

Under federal law, patients must be screened before they enter a nursing home to determine whether they have serious mental illness (a level I screening) and, if they do, whether they need specialized mental health services (level II screening). **PA 08-184** (§ 57) requires nursing home administrators or their designees to notify the DMHAS within 14 days of admitting anyone whose level II screening confirms a psychiatric diagnosis. It requires DMHAS, within available appropriations, to consult with the home’s staff about the status and discharge of any DMHAS client. DMHAS must, within available appropriations, protect to the fullest possible extent the housing of any client who a level II screening identifies as needing admission to a nursing home for 90 days or less.

The act requires DPH, when it conducts its annual survey of a nursing home, to compare the services recommended for any resident with a level II screening with the actual services he or she receives as indicated in the resident’s care plan. DPH must include the results of the

comparison, along with any regulatory violations it uncovered in its inspection, in the survey.

This takes effect upon passage.

OPTOMETRISTS

On and after October 1, 2008, **PA 08-184** (§ 17) bars any agreement, lease, or other contract entered into, renewed, or extended between an optometrist and another person from (1) impeding an optometrist's ability to gain access to his or her professional office or patient records except that it may include a provision that provides a reasonable protocol for the optometrist to gain access during nonbusiness hours for medical emergencies or (2) limiting, inhibiting, or preventing an optometrist's ability to communicate with his or her patients at any time.

This takes effect October 1, 2008.

PA 08-184 (§ 15) extends, from eight to 12 years, the maximum time a person can serve on the Connecticut Board of Examiners for Optometrists.

This takes effect October 1, 2008.

ORGAN DONATIONS

PA 08-184 (§ 52) expands the uses of the existing "organ transplant account" to include assisting individuals who have donated an organ to a state resident in paying all or part of

any costs associated with the donation, including transportation and accommodation costs and lost wages.

The organ transplant account is a separate, nonlapsing account within the General Fund. It receives money collected under the income tax contribution system established by law and deposited with the revenue services commissioner. It can also receive money from public and private sources or from the federal government. Previously, money in the account could be used only (1) to assist state residents in paying all or part of the costs associated with a medically required organ transplant or (2) for the promotion of the income tax contribution system and the organ transplant account.

This takes effect July 1, 2008.

PATIENT HEALTH RECORDS

PA 08-184 (§ 32) increases from 45 to 65 cents per page the maximum amount a provider can charge for providing a patient with his or her health records. This cost includes any research fees, handling fees or related costs, and the cost of first class postage, if applicable.

This takes effect October 1, 2008.

PERFUSIONISTS

PA 08-184 (§ 30) allows DPH to license as a perfusionist a person who (1) is currently certified by the American Board of Cardiovascular Perfusion, (2) has worked as a perfusionist in a licensed health care facility in another state for at least five years, and (3) has had no lapse in active practice as a perfusionist for more than 24 months at the time of filing for Connecticut licensure.

The law defines “perfusion” as the functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular, circulatory, or respiratory systems or other organs, and to ensure the safe management of physiologic functions by monitoring and analyzing the parameters of these systems under a licensed physician’s order and supervision.

This takes effect upon passage.

PHYSICIANS

License Renewal-Provision of Free Services

PA 08-31 allows physicians who annually provide at least 100 hours of free service in a mobile health clinic to renew their licenses without charge if they do not practice medicine anywhere else. Physicians who do this in a public health facility

(e.g., hospital, community health center, nursing home, mental health facility, group home, school, or public preschool) and do not practice medicine anywhere else were already exempt from the \$450 license renewal fee.

This takes effect October 1, 2008.

Physician Profile-Extending to Other Health Care Providers

By law, DPH, after consulting with the Connecticut Medical Examining Board and the Connecticut State Medical Society, must collect certain information to create an individual public profile on each physician licensed to practice medicine in Connecticut. **PA 08-109**, within available appropriations, extends this requirement to dentists, chiropractors, optometrists, podiatrists, naturopaths, dental hygienists, advanced practice registered nurses, and physical therapists. Consistent with existing law for physicians, the act requires DPH to consult with the appropriate state board. It also makes other conforming changes, including authorizing the appropriate board, commission, or department to revoke or suspend the health care provider’s license for failing to provide DPH with the information the act requires.

This takes effect January 1, 2010.

PHYSICIAN ASSISTANTS

Admissibility of Records in Civil Cases

PA 08-48 applies the same rules in civil cases concerning the admissibility of records, reports, and acts of physician assistants (PA) and advanced practice registered nurses (APRN) as currently apply to physicians, dentists, chiropractors, naturopaths, physical therapists, podiatrists, psychologists, emergency medical technicians, and optometrists.

Specifically, the act allows signed reports and bills of PA's and APRN's to be introduced in any civil action as business entry evidence without calling the professional to testify. The act establishes a presumption that the signature on the report is the PA's or APRN's and that it was made in the ordinary course of business.

Also, the act allows any party in a civil action for personal injuries or death to apply to the court where the action is pending to introduce as a business entry, written records and reports about the injured or deceased patient made by a PA or APRN who (1) died before the trial or (2) is physically or mentally disabled at the time of trial and no longer actively engaged in his or her profession. These records and reports must be about the circumstances under which the patient's injury or death was sustained.

The court must determine whether the PA or APRN is disabled to the extent that he or she cannot testify in person. If the court finds that the person is disabled, it must admit the evidence as a business entry.

This takes effect October 1, 2008.

Prescribing Durable Medical Equipment

PA 08-184 (§ 13) authorizes physician assistants, as delegated by a supervising physician within the scope of the physician's license, to prescribe and approve the use of durable medical equipment.

This takes effect October 1, 2008.

Certify Disability

PA 08-184 (§14) allows physician assistants to certify a person's disability for purposes of applications to the Department of Motor Vehicles for special license plates and removable windshield placards. Previously, only physicians and advance practice registered nurses could do this.

This takes effect October 1, 2008.

PSYCHOLOGISTS

PA 08-184 (§§ 41, 42) changes some of the requirements for licensure as a psychologist and eliminates some of DPH's responsibilities concerning licensure exam

administration. Prior law required a licensure applicant to have at least one year's postdoctoral experience of a type satisfactory to the Board of Examiners of Psychology. The act instead requires experience (but not necessarily postdoctoral) that meets requirements established in regulations adopted by DPH in consultation with the board. The act eliminates a requirement that the applicant verify that he or she intends in good faith to practice in the state. The act also clarifies that an applicant's doctoral degree be from an educational institution approved by the board with the consent of DPH rather than registered.

The act eliminates a requirement that DPH grade the licensure examinations of licensure candidates. It also no longer requires DPH to (1) determine the time and place of the examination and (2) administer the exam under the board's supervision.

This takes effect October 1, 2008.

PUBLIC HEALTH PREPAREDNESS

PA 08-134:

1. allows DPH, during a governor-declared public health or civil preparedness emergency, to temporarily suspend license renewal and inspection requirements and functions;

2. specifies that health care worker and facility licenses do not lapse during the emergency;
3. adds out-of-state water system operators to those practitioners who can work in Connecticut during an emergency; and
4. allows emergency medical services (EMS) personnel to use nerve agent antidote auto injectors to treat the general public in an emergency.

This takes effect October 1, 2008.

RADIOGRAPHERS

Limited Licensure Period

PA 08-184 (§ 31) allows DPH to license as a radiographer, for a 30-day period starting on the act's effective date, an applicant presenting satisfactory evidence of (1) holding a current radiologic technician license from another state issued on or before October 1, 1965 and with no disciplinary history; (2) completing a course of study in radiologic technology on or before June 30, 1964; and (3) practicing as a radiologic technologist, including taking x-rays, for at least two years within the five-year period immediately preceding the date he or she applies to DPH.

This takes effect upon passage.

Dental Assistant Students

PA 08-184 (§ 37) specifies that the radiographer statutes should not be construed as requiring licensure as a radiographer of a dental assistant student, intern, or trainee pursuing practical training in taking of dental x-rays if such activities are part of a supervised course or training program and the person is designated by a title clearly indicating his or her student, trainee, or intern status. This provision already applies to dental assistants.

This takes effect upon passage.

REPORTABLE DISEASES

PA 08-184 (§ 3) amends existing law concerning mechanisms to report diseases on the DPH commissioner's list of reportable diseases and laboratory findings. By law, health care providers must file these reports by telephone or in writing with the department and the local health director where the subject resides. The act allows electronic reporting in a format specified by DPH.

This takes effect October 1, 2008.

SOCIAL WORKERS

(see **PA 08-21** described under “*NURSES-Advanced Practice Registered Nurses*”)

STEM CELL RESEARCH

PA 08-80 makes changes in Connecticut's stem cell research law to reflect the acknowledgment of, and compliance with, the “National Academies’ Guidelines for Human Embryonic Stem Cell Research.” The act (1) amends the consent requirements for prospective embryo donors; (2) establishes standards to allow the use of human embryonic stem cell lines derived outside Connecticut; (3) requires that all human embryonic stem cell research conducted in the state be overseen by embryonic stem cell review oversight committees, rather than by “institutional review committees;” and (4) requires the state’s Stem Cell Research Peer Review Committee members to use the guidelines when evaluating grant applications.

This takes effect October 1, 2008.

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