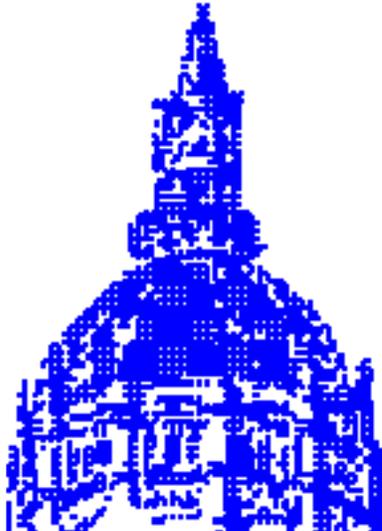


Office of Legislative Research  
Connecticut General Assembly



**HEALTH PROFESSIONS**



By: John Kasprak, Senior Attorney

2009-R-0304  
**(Revised)**

October 20, 2009

## NOTICE TO READERS

This report provides summaries of new laws (Public Acts) affecting health professions enacted during the 2009 regular and special sessions. 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. Complete summaries of all 2009 public acts will be available in the fall when OLR's *Public Act Summary* book is published; most 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

Academic Detailing .....	4
Acupuncture .....	4
Ambulance And Rescue Services.....	5
Patient Transport .....	5
Workers' Compensation Premiums .....	5
Anatomic Pathology Services.....	6
Athletic Trainers .....	6
Audiologists.....	6
Barbers And Cosmeticians.....	7
Behavioral Health Care Providers.....	7
Certificate Of Need.....	7
Contracts Between Health Care Providers And Health Organizations .....	7
Cystic Fibrosis Screening.....	8
Dental Hygienists .....	8
Emergency Medical Services .....	8
Fall Prevention Program.....	9
Funeral Homes And Directors.....	9
Health Information Technology .....	10
HIV Testing.....	11
Hospitals .....	11
Payment For Hospital-Acquired Conditions .....	11
Notification Of Infectious Disease.....	12
Imaging Services.....	13
Lyme Disease Treatment.....	13
Mammography.....	13
Marital And Family Therapists.....	14
Massage Therapy.....	14
Medical Foundations .....	14
Medical Residents.....	15
Medication Administration By Unlicensed Personnel In Residential Care Homes....	15
Nursing Home Administrators .....	15
Optometrists.....	16
Pain Management .....	16
Patient Solicitation .....	16
Peer Review Confidentiality.....	17
Pharmacists And Pharmacies .....	17
Disclosure Of Information.....	17
Prescription Records For Controlled Substances .....	18
Physicians .....	18
Physician Assistants.....	18
Physical Therapists.....	19
Radiographers .....	19
Radiologists Assistants .....	19
Sexual Assault Forensic Examiners .....	19
Speech And Language Pathologists .....	20
Sustinet.....	20
Tumor Registry.....	21
Ultrasounds.....	22
Umbilical Cord Blood.....	22
Veterinarians .....	23

## **ACADEMIC DETAILING**

**PA 09-232** (§ 91) requires the University of Connecticut Health Center (UCHC), in consultation with the Yale School of Medicine, to develop, implement, and promote an evidence-based outreach and education program concerning the therapeutic and cost-effective use of prescription drugs. This type of program, known as “academic detailing,” is directed at licensed physicians, pharmacists, and other health care professionals authorized to prescribe and dispense prescription drugs.

The act specifies that physician participation in the academic detailing program qualifies for continuing education credit and requires the UCHC to develop the program so that it allows participating physicians to apply hours spent in the program towards their continuing education requirements.

It requires the UCHC to seek federal funds to administer the program. The UCHC may also seek funding from nongovernmental health access foundations. It is not required to develop, implement, and promote the program if total federal, state, and private funds are insufficient to pay for the program’s initial and ongoing expenses.

This takes effect July 1, 2011.

## **ACUPUNCTURE**

**PA 09-21** provides title protection to licensed acupuncturists and to individuals certified to practice auricular acupuncture for alcohol and drug abuse treatment.

It prohibits unlicensed individuals from using the title of “acupuncturist” or advertising acupuncture services. Also, such individuals may not use any letters, words, or insignia in connection with their names that indicates or implies that they are licensed acupuncturists.

The act also prohibits a person from representing himself as certified to practice auricular acupuncture for treatment of alcohol and drug abuse unless certified to do so. A person may not use the term “acupuncture detoxification specialist;” the letters A.D.S.; or any letters, words, or insignia indicating or implying that he or she is certified to practice auricular acupuncture for alcohol and drug abuse treatment unless certified under the law.

The act specifies that it should not be construed as preventing someone from providing care or performing or advertising services within the scope of his or her license or as otherwise authorized by law.

This takes effect October 1, 2009.

## **AMBULANCE AND RESCUE SERVICES**

### ***Patient Transport***

**PA 09-16** permits only licensed or certified ambulance and rescue services to transport patients on stretchers in motor vehicles. The Department of Public Health (DPH) licenses commercial ambulance and rescue services and issues certificates to volunteer and municipal ambulance services. By law, anyone who willfully violates an emergency medical services law can be fined up to \$250, imprisoned for up to three months, or both.

The act requires any ambulance used to transport patients between hospitals to meet state regulatory requirements for basic ambulance service, including those concerning medically necessary supplies and services. These regulations require, among other things, one medical response technician and one emergency medical technician in the ambulance, the latter of whom must attend the patient at all times.

The act permits a licensed registered nurse, advanced practice registered nurse, physician assistant, or respiratory care practitioner to supplement the ambulance transport if he or she has current training and certification (1) in pediatric or adult advance life

support or (2) from the American Academy of Pediatrics' neonatal resuscitation program, as appropriate and based on the patient's condition.

This takes effect upon passage for interhospital transport; October 1, 2009 for stretcher transport.

### ***Workers' Compensation Premiums***

**PA 09-88** requires the state-licensed workers' compensation risk rating organization to file with the insurance commissioner, by October 1, 2009, a method of computing workers' compensation premiums for volunteer staff of municipal or volunteer ambulance services that does not base the premium primarily on the number of ambulances the service owns. The premium must be based primarily on ambulance usage as determined by the estimated annual number of service call responses. The new premium calculation applies to workers' compensation policies issued or renewed on or after October 1, 2009.

The act defines a municipal or volunteer ambulance service as a volunteer organization or municipality that the DPH licenses to transport patients.

This takes effect upon passage.

## **ANATOMIC PATHOLOGY SERVICES**

**PA 09-232** (§ 72) requires direct billing to the patient or insurer by a clinical laboratory performing anatomic pathology services. It prohibits any entity other than a physician, clinical laboratory, or a “referring clinical laboratory” from directly or indirectly charging, billing, or seeking payment for pathology services unless the physician or lab personally performed or directly supervised the service according to federal standards governing clinical labs. Patients and third party payors are not required to reimburse providers for charges or claims that violate the act’s prohibitions.

The act allows clinical and referring labs to seek payment only from a patient, hospital, responsible insurer of a third party payor, or a government agency or the agency’s public or private agent. It states that it is not to be construed to prohibit a clinical lab from billing a referring lab for specimens transferred for histologic (tissue) or cytologic (cell) processing or for consultations.

The act defines “referring clinical laboratory” as a lab that refers a patient specimen for consultation or anatomic pathology services. The definition excludes a physician’s or physician group’s lab that takes a patient specimen and does not perform the professional

diagnostic component of the anatomic pathology services involved. It defines “anatomic pathology services” as the gross and microscopic examination and histologic and cytologic processing of human specimens, including histopathology or surgical pathology, cytopathology, hematology, subcellular or molecular pathology, or blood banking service performed by a pathologist.

This takes effect July 1, 2009.

## **ATHLETIC TRAINERS**

**PA 09-155** adds licensed athletic trainers employed by a school board to the list of school personnel who may administer medications to students under a school nurse’s general supervision. By law, these personnel are immune from civil liability for any acts or omissions in administering medication, unless they constituted gross, willful, or wanton negligence.

This takes effect August 15, 2009.

## **AUDIOLOGISTS**

**PA 09-232** (§§ 53-67, 78-82) establishes separate licenses for audiologists and speech and language pathologists; these professions were previously subject to the same license requirements, which the act eliminates. It imposes continuing education requirements on both. It permits, rather than requires,

DPH to adopt regulations governing speech and language pathology; it is silent on audiologist regulations, which prior law required.

This takes effect October 1, 2009.

## **BARBERS AND COSMETICIANS**

**PA 09-232** (§ 45-46) repeals the requirement that a barber, hairdresser, or cosmetician from another state or U.S. territory or commonwealth who is seeking licensure- or registration-by-endorsement here (i.e., without taking the Connecticut licensing exam) successfully complete an English proficiency test if the licensing exam he or she passed in the other jurisdiction was not in English.

This takes effect July 1, 2009.

## **BEHAVIORAL HEALTH CARE PROVIDERS**

**PA 09-149** requires DPH, by January 1, 2011, to implement dual licensure for behavioral health care providers that provide both mental health and substance abuse services. It must do this by amending its substance abuse treatment regulations in consultation with the Department of Mental Health and Addiction Services. DPH licenses several types of institutions (e.g., freestanding mental health and substance abuse treatment facilities and psychiatric hospitals) and individual professionals (e.g.,

psychologists and clinical social workers) that might provide both of these services.

This takes effect upon passage.

## **CERTIFICATE OF NEED**

**PA 09-232** (§§ 92-97) changes several aspects of the Office of Health Care Access's Certificate of Need (CON) program including ownership and control of a health care institution or facility; exemptions and waivers for certain outpatient facilities, Department of Children and Families programs, cineangiography, and imaging equipment replacement; and review of psychiatric residential treatment facility proposals.

This takes effect July 1, 2009, except for the provision concerning psychiatric residential treatment facilities, which is effective October 1, 2009.

## **CONTRACTS BETWEEN HEALTH CARE PROVIDERS AND HEALTH ORGANIZATIONS**

**PA 09-204** expands the (1) fee information a managed care organization or preferred provider network (i.e., contracting health organization) must give to health care providers with whom it contracts and (2) list of providers to whom the requirement and related provisions apply. It prohibits contracting health

organizations from making material changes to a provider's fee schedule except as the act specifies.

It also requires a contracting health organization to give each contracted provider Internet, electronic, or digital access to policies and procedures regarding providers' (1) payments, (2) duties and requirements under the contract, and (3) inquiries and appeals, including (a) contact information for the office responsible for responding to them and (b) a description of appeal rights applicable to providers, enrollees, and enrollees' dependents.

The act prohibits a contracting health organization, more than 18 months after receiving a clean claim, from canceling, denying, or demanding the return of full or partial payment it made in error for an authorized covered service except under specified circumstances and subject to certain procedures.

This takes effect January 1, 2010, except for the provisions relating to material changes to fee schedules and cancellation of authorized covered services which are effective July 1, 2010.

### **CYSTIC FIBROSIS SCREENING**

**PA 09-20** requires all health care institutions caring for newborn infants to test them for cystic fibrosis, unless, as allowed by law, their parents object on religious grounds. It requires the

testing to be done as soon as is medically appropriate.

Under the act, the cystic fibrosis test is in addition to, but separate from, DPH's newborn screening program for genetic diseases and metabolic disorders. That program, in addition to the initial screening test, directs parents of identified infants to appropriate counseling and treatment.

This takes effect October 1, 2009.

### **DENTAL HYGIENISTS**

**PA 09-232** (§ 4) permits dental hygienists with two years of experience to practice independently (i.e., without a dentist's general supervision) in programs offered or sponsored by the Women, Infant, and Children program. Hygienists with this experience can already practice independently in community health centers, group homes, schools, public preschools, and Head Start programs.

This takes effect July 1, 2009.

### **EMERGENCY MEDICAL SERVICES**

**PA 09-232** (§§ 25-27, 29-38, 71) makes several changes to the EMS laws. It renames several terms used in those laws to conform to newer national usages: (1) "emergency medical technician-intermediate" becomes "advanced emergency medical technician," (2) "medical response technician" becomes

“emergency medical responder,” and (3) “medical control” becomes “medical oversight.”

It requires all emergency medical technicians (EMTs) to be recertified every three years; prior law required EMTs to be recertified every two years, except for those with six years of continuous service, who had to be recertified every three years. The act also increases, from 25 to 30 hours, the amount of refresher training EMTs must obtain to be recertified. It allows the DPH commissioner to prescribe alternative recertification requirements.

The act removes the (1) requirement for the DPH commissioner to establish minimum standards and adopt regulations concerning life saving equipment on EMS vehicles and (2) authority for him to issue regulations governing mandatory equipment for motorcycles used as rescue vehicles. Instead, it requires him to issue an annual list of minimum equipment requirements for ambulances and rescue vehicles that is based on national standards. The commissioner must distribute the list to all EMS organizations and sponsor-hospital medical directors and make it available to other interested parties. The act give EMS organizations one year from the date the list is issued to comply with it.

The act removes a provision in DPH’s EMS certificate of need (CON) process that limits the primary service area responder

(PSAR) that may be granted intervener status to the PSAR in the town where the CON applicant operates or intends to operate. This codifies DPH’s practice.

This takes effect January 1, 2010, except the CON provision is effective upon passage.

## **FALL PREVENTION PROGRAM**

**PA 09-5, September Special Session** (§§ 52-54) requires the Department of Social Services (DSS), within available appropriations, to establish a fall prevention program targeted at older adults. The program must promote and support fall prevention research; oversee research and demonstration projects; and establish, in consultation with the public health commissioner, a professional education program on fall prevention for healthcare providers.

This takes effect upon passage.

## **FUNERAL HOMES AND DIRECTORS**

The law requires funeral directors to wash or embalm a body before transporting it from the place where the death occurred. **PA 09-232** (§§ 1, 13) makes an exception when the person who assumes custody of the body for burial purposes determines that doing this is contrary to the deceased's religious beliefs or customs. The

law still requires funeral directors to wash, embalm, or wrap a body as soon as practicable after it arrives at the funeral home if the person died from a disease that must be reported to DPH.

The act requires placing any body entombed in a crypt or mausoleum in a zinc-lined or plastic container (made of acrylonitrile butadiene styrene, ABS) or, if the cemetery permits, a non-rusting or ABS sheeting tray.

It extends, to six from three years, the period:

1. after death that funeral homes must keep their records related to funeral services, prepaid funeral contracts, and escrow accounts;
2. after a body's final disposition that funeral homes must keep copies of permits, certificates, and written agreements about disposition, including the final bill; and
3. after last distributing price lists to consumers that funeral homes must keep copies of them.

This takes effect October 1, 2009.

## **HEALTH INFORMATION TECHNOLOGY**

Existing law required DPH to contract for the development of a statewide HIT plan. **PA 09-232** (§§ 74-77) requires DPH to submit the plan to the Public

Health Committee by July 1, 2009. By law, the plan must include (1) standards and protocols for health information exchange; (2) standards to facilitate the development of a statewide, integrated electronic health information system for use by state-funded health care providers and institutions; and (3) pilot programs for health information exchange, including costs and funding sources. The act eliminates the requirement that DPH, beginning December 1, 2008, annually report to the Public Health, Human Services, Government Administration and Elections, and Appropriations committees on the plan's status.

The act designates DPH as the state's lead health information exchange organization beginning July 1, 2009. It requires DPH to seek private and federal funds, including those available through the federal American Recovery and Reinvestment Act, for the initial development of a statewide health information exchange. DPH can use any private or federal funds it receives to establish HIT pilot programs and the grant programs described below.

It establishes a 12-member health information technology and exchange advisory committee. The committee must advise DPH on implementation of the HIT plan. It must develop, in consultation with DPH, (1) appropriate protocols for health information exchange and (2) electronic data standards to

promote the development of a statewide, integrated electronic health information system for use by state-funded health care providers and institutions.

The committee must advise the DPH commissioner on the development and implementation of an HIT grant program which may provide funds to eligible institutions to advance HIT and health information exchange in the state. DPH must provide administrative support to the committee and help it (1) develop the grant application, (2) review the applications, (3) prepare and execute any assistance or other agreements in connection with grant awards, and (4) perform other administrative duties as the commissioner deems necessary. The commissioner may contract for administrative support for the committee. DPH must do these activities within available funds.

This takes effect upon passage.

## **HIV TESTING**

**PA 09-133** revises the law on consent for HIV-related testing. Specifically, it:

1. eliminates the requirement for separate, written or oral consent for HIV testing and instead allows general consent for the performance of medical procedures or tests to suffice;
2. reaffirms that HIV testing is voluntary and that the

- patient can choose not to be tested;
3. eliminates a prior requirement for extensive pre-test counseling for all HIV tests;
4. adds a requirement that an HIV test subject, when he or she receives a test result, be informed about medical services and local or community-based HIV/AIDS support services agencies; and
5. provides that a medical practitioner cannot be held liable for ordering an HIV test under general consent provisions.

This takes effect July 1, 2009.

## **HOSPITALS**

### ***Payment for Hospital-Acquired Conditions***

**PA 09-206** prohibits hospitals and outpatient surgical facilities from seeking payment for any increased costs they incur as a direct result of a hospital-acquired condition identified as nonpayable by Medicare according to federal law. This applies regardless of the patient's insurance status or sources of payment (including self-pay) except as otherwise provided by federal law or PA 09-2, § 8.

That state law requires the social services commissioner to amend the Medicaid state plan to indicate that the inpatient

hospital rates it pays for Medicaid-eligible patients are not applicable to hospital-acquired conditions that the Medicare program identifies as “nonpayable” (also referred to as “never events”) in accordance with a 2005 federal law to ensure that hospitals are not paid for these conditions.

Under this act, “hospital” means an acute care hospital subject to the federal inpatient prospective payment system. An “outpatient surgical facility” is an entity, individual, firm, partnership, corporation, limited liability company, or association, other than a hospital, providing surgical services or diagnostic procedures for human health conditions that include use of moderate or deep sedation, moderate or deep analgesia, or general anesthesia, as these levels are defined by the American Society of Anesthesiologists or by other professional or accrediting entity recognized by DPH.

This takes effect January 1, 2010.

### ***Notification of Infectious Disease***

**PA 09-76** requires a hospital to timely notify an emergency service organization (ESO) when a patient the ESO attended, treated, assisted, handled, or transported to the hospital is diagnosed with infectious pulmonary tuberculosis. The act

prohibits the hospital from revealing the patient’s identity.

The act requires each ESO to designate an employee or volunteer to (1) receive the notice; (2) initiate notification requests in cases where an ESO member or volunteer reports possible exposure to an infectious disease, including TB; and (3) perform related functions with regard to infectious diseases. The act allows the designee, if unavailable, to name another employee or volunteer to perform these functions.

Under the act, “infectious diseases” include (1) infectious pulmonary TB; (2) hepatitis A, B, or C; (3) HIV, including AIDS; (4) diphtheria; (5) pandemic flu; (6) methicillin-resistant staphylococcus aureus (MRSA); (7) hemorrhagic fevers; (8) meningitis or other meningococcal disease; (9) plague; and (10) rabies. The act applies when a person is exposed to these diseases through the skin or a mucous membrane to another person’s blood, semen, or vaginal secretions or certain body fluids found around the chest cavity, heart, abdomen, and spine, among other areas.

The act specifies that no cause of action for damages may arise against, or any civil penalty be imposed on, a hospital or designated officer who fails to comply with the duties specified in the act.

This takes effect October 1, 2009.

**PA 09-232** (§ 43) specifies the type of flu that qualifies as an infectious disease for purposes of PA 09-76. Under that act, “pandemic flu” was termed an infectious disease; this act, instead, makes it “novel influenza A virus infections with pandemic potential,” as defined by the Centers for Disease Control and Prevention.

This takes effect October 1, 2009.

### **IMAGING SERVICES**

**PA 09-206** prohibits specified health care providers from charging patients, insurers, or other responsible third-party payors for performing the “technical components” of CAT scans, PET scans, and MRIs if they, or someone under their direct supervision, did not actually perform the service. The prohibition applies to physicians, chiropractors, podiatrists, naturopaths, and optometrists.

Under the act, radiological facilities and imaging centers must directly bill the patient or third party payor for their services. They cannot bill the practitioner who requested the service.

This takes effect October 1, 2009.

### **LYME DISEASE TREATMENT**

Beginning July 1, 2009, **PA 09-128** allows a licensed physician to prescribe, administer, or dispense long-

term antibiotic therapy to a patient for a therapeutic purpose that eliminates the infection or controls the patient’s symptoms if (1) a clinical diagnosis is made that the patient has Lyme disease or has symptoms consistent with such a diagnosis and (2) the physician documents the diagnosis and treatment in the patient’s medical record.

Also beginning July 1, 2009, the act prohibits (1) DPH from initiating disciplinary action against a physician and (2) the Connecticut Medical Examining Board from taking disciplinary action solely because the physician prescribed, administered, or dispensed long-term antibiotic therapy to a patient clinically diagnosed with Lyme disease. The physician must document the clinical diagnosis and treatment in the patient’s record.

The act specifies that, subject to the limits it establishes on discipline of physicians treating Lyme disease, it does not limit the ability of the board to take disciplinary action for other reasons against physicians, including entering into a consent order, for violations of existing law concerning their practice of medicine.

This takes effect July 1, 2009.

### **MAMMOGRAPHY**

**PA 09-41** requires all mammography reports given to a patient on and after October 1, 2009 to include information

about breast density based on the American College of Radiology's Breast Imaging Reporting and Data System. When applicable, the report must include the following notice:

"If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report. "

This takes effect October 1, 2009.

### **MARITAL AND FAMILY THERAPISTS**

**PA 09-232** (§ 44) allows people performing the 100 hours of supervised postgraduate clinical training required for licensure as a marital and family therapist to pay the therapist who supervises them. Prior law barred them from directly compensating a supervisor.

This takes effect October 1, 2009.

### **MASSAGE THERAPY**

**PA 09-182** makes it a class C misdemeanor for anyone to engage in the practice of massage therapy or use the title "massage therapist," "licensed massage therapist," "massage practitioner," "massagist," "masseur," or "masseuse" without a license from DPH. Prior law required the license, but did not specify a criminal penalty for violators.

This takes effect October 1, 2009.

### **MEDICAL FOUNDATIONS**

**PA 09-212** authorizes any hospital or health system to organize and become a member of a medical foundation to practice medicine and provide health care services as a medical foundation through its employees or agents who are licensed physicians and through other providers the act defines. Under the act, a medical foundation is a nonprofit entity that may operate at whatever locations its members select.

The act (1) allows mergers and consolidations of medical foundations under certain circumstances, (2) allows corporations organized under certain state other laws to bring themselves under the acts provisions, (3) establishes certain requirements regarding what

must appear in the foundation's name, and (4) makes certain conforming changes to other laws.

This takes effect July 1, 2009.

### **MEDICAL RESIDENTS**

Medical residents and interns must get a DPH permit to participate in their programs. Under **PA 09-232** (§ 3), the person's ability to practice medicine under the permit automatically ends when the internship or residency ends or he or she leaves the program. Anyone who continues to perform medicine is subject to DPH sanctions.

This takes effect October 1, 2009.

### **MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL IN RESIDENTIAL CARE HOMES**

**PA 09-5, September Special Session** (§ 44) requires the DPH commissioner to revise regulations governing medication administration by unlicensed personnel in residential care homes (RCHs) that admit residents requiring medication administration assistance to include the following:

1. the requirement that each RCH designate unlicensed personnel to obtain certification and ensure that they do;
2. criteria homes must use to determine the appropriate

number of unlicensed personnel who will obtain certification; and

3. required training in identifying the types of medication that unlicensed personnel can administer.

It also requires that by January 1, 2010, each RCH ensure that the number of unlicensed personnel it determined appropriate actually obtain certification to administer medication. Once certified, they can administer medication, except by injection, to RCH residents unless a resident's physician specifies that a medication be administered only by licensed personnel.

The act permits the PDH commissioner to implement policies and procedures to administer the provisions of this section while in the process of adopting them in regulation, provided notice is published in the Connecticut Law Journal no later than 20 days after they are implemented. The policies and procedure are valid until final regulations are adopted.

This takes effect upon passage.

### **NURSING HOME ADMINISTRATORS**

**PA 09-232** (§ 2) adds another circumstance for which DPH can take action against a nursing home administrator—violating any state or federal law governing the administrator's practice in a nursing home. DPH can already

take action against a licensee who is found guilty of a felony under this state's, another state's, or federal, law. Sanctions include censure or reprimand, suspending or revoking the administrator's license, and civil penalties up to \$25,000.

This takes effect October 1, 2009.

## **OPTOMETRISTS**

**PA 09-58** allows licensed (1) optometrists authorized to practice advanced optometric care to acquire, prescribe, dispense, and charge for contact lenses containing ocular agents-T and (2) prescribing physicians and surgeons to dispense and sell contact lenses that contain a drug. "Physician," under the act, does not include a homeopathic physician.

The act specifies that optometrists, physicians, and surgeons dispensing or selling contact lenses containing ocular agents-T or drugs do not have to meet requirements of existing law on packaging and labeling of drug containers.

This takes effect October 1, 2009.

## **PAIN MANAGEMENT**

**PA 09-108** requires all nursing home facilities, except residential care homes, to provide at least two hours of annual training in pain recognition and administration of pain management techniques to

(1) all licensed and registered direct care staff and (2) nurse's aides who provide direct patient care. Prior law required this only for Alzheimer's special care units or programs.

This takes effect July 1, 2009.

## **PATIENT SOLICITATION**

**PA 09-222** makes it illegal for anyone to act as a "runner" by knowingly, and for financial gain, getting or attempting to get a patient, client, or customer for "providers." It specifies that people can engage in certain activities without being considered "runners." Providers are attorneys, health care professionals, legal or health care services business owners or operators, people pretending that they or their business or practice can provide such services, or an employee of or anyone acting on behalf of any of these people, who:

1. seek to obtain benefits under an insurance contract;
2. assert a claim against an insured or an insurance carrier for providing services to the client, patient, or customer; or
3. obtain benefits under or assert a claim against a state or federal health care benefits or prescription drug assistance program.

The act also makes it a crime to solicit, direct, hire, or employ someone as a runner. The penalty for acting as, or hiring, a

runner is imprisonment for up to one year, a fine of up to \$5,000, or both. The criminal penalties do not apply to the referral of individuals between (1) attorneys, (2) health care professionals, or (3) attorneys and health care professionals.

The act specifies that its prohibitions and penalties are in addition to, and cannot be interpreted to limit or restrict, the laws that (1) prohibit soliciting people to file lawsuits for damages, or soliciting cases for attorneys, or (2) limit communications by attorneys to prospective clients.

This takes effect October 1, 2009.

## **PEER REVIEW CONFIDENTIALITY**

**PA 09-3, September Special Session** (§ 58) specifies that materials or information produced for peer review purposes, in any format or media, are not subject to disclosure under the Freedom of Information Act (FOIA).

By law, “peer review” means the procedure for evaluation by health care professions of the quality and effectiveness of services ordered or performed by other health care professionals. This includes practice analysis, inpatient hospital and extended care facility utilization review, medical audit, ambulatory care review, and claims review.

The act specifies that it does not preclude DPH from accessing peer review material and information in connection with any department review or investigation of a provider’s license. But DPH may not disclose the information to any person outside of the agency, except as necessary to take disciplinary action against the provider, and the information cannot be disclosed under FOIA. The act also specifies that it does not limit other protections on peer review provided by law.

This takes effect upon passage.

## **PHARMACISTS AND PHARMACIES**

### ***Disclosure of Information***

**PA 09-150** allows the Department of Consumer Protection (DCP), the Pharmacy Commission, and DPH to disclose publicly information that identifies individuals or institutions that relates to a proceeding in which the commission has voted to formally discipline a licensed pharmacist or pharmacy for an error in dispensing medication. Prior law allowed disclosure only of proceedings that considered questions of licensure or the right to practice. The act does not affect the ability of the DCP commissioner, in the interest of public health, to disclose

information gained through the inspection of pharmacies and outlets permitted to sell over-the-counter drugs.

The act also requires the Pharmacy Commission to make records of its proceedings available to the public upon request. The records must include the name and license number of any pharmacy or pharmacist against whom the commission has recommended formal disciplinary action.

This takes effect October 1, 2009.

### ***Prescription Records for Controlled Substances***

**PA 09-22** changes state requirements relating to how pharmacies may receive and store prescriptions for controlled substances. Under current state and federal law, prescriptions for Schedule II controlled substances may not be transmitted or recorded electronically. The act allows pharmacies to immediately convert to an electronic system should proposed federal regulations be accepted. Current state law, not changed by the act, allows records to be created and maintained electronically, but the written drug record prevails where a conflict exists as to whether to maintain a written or electronic record.

This takes effect July 1, 2009.

## **PHYSICIANS**

**PA 09-232** (§ 16) adds cultural competency to the list of continuing medical education topics physicians must take every two years. The requirement begins with license registration periods starting on and after October 1, 2010. The list currently covers infectious diseases, risk management, sexual assault, and domestic violence. Physicians must take at least 50 minutes (one contact hour) of education in each of these topics every two years.

This takes effect October 1, 2009.

## **PHYSICIAN ASSISTANTS**

Beginning October 1, 2011, **PA 09-232** (§§ 50-51) establishes training criteria that a physician assistant (PA) must meet in order to use fluoroscopy to guide diagnostic and treatment procedures and a mini C-arm in conjunction with it. A PA must complete 40 hours of training that includes radiation physics and biology, safety, and management applicable to fluoroscopy. At least 10 hours of the training must address radiation safety, and at least 15 hours must address radiation physics and biology. A PA must also pass a DPH-prescribed test. Documentation that a PA has met these requirements must be kept at the PA's worksite and be available to DPH upon request.

But the act permits a PA to perform fluoroscopy and use a mini C-arm before October 1, 2011 without this training by passing the DPH-prescribed exam. A PA who does not pass this test cannot use a fluoroscope or mini C-arm until he or she meets the act's training and test requirements.

The act specifies that the radiographer licensing laws should not be construed to prohibit a PA who is not a licensed radiographer from using a fluoroscope or a mini C-arm in conjunction with fluoroscopic procedures.

This takes effect upon passage.

## **PHYSICAL THERAPISTS**

**PA 09-232** (§ 17) adds to physical therapists' scope of practice the use of "low-level light laser therapy" to accelerate tissue repair, decrease edema (swelling), or minimize or eliminate pain. It defines this therapy (also known as "cold laser" therapy) as having wave lengths ranging from 600 to 1,000 nanometers.

This takes effect October 1, 2009.

## **RADIOGRAPHERS**

By law, only a DPH-licensed radiographer can operate x-ray equipment. **PA 09-232** (§ 49) specifies that operating such equipment includes energizing the beam, positioning the

patient, and positioning or moving equipment in relation to the patient.

This takes effect upon passage.

## **RADIOLOGISTS ASSISTANTS**

**PA 09-232** (§§ 68, 83-90) takes two approaches to recognizing radiologist assistants. One is to carve out a "radiologist assistant" category within the existing radiographer licensing law; the other is to create a separate license for assistants, but only if DPH has funds available for this purpose.

This takes effect October 1, 2009 for the new radiologist assistant category; July 1, 2011 for licensure, except for a provision making DPH the governing authority over licensed radiologist assistants, which is effective July 1, 2009 but applicable only after July 1, 2011.

## **SEXUAL ASSAULT FORENSIC EXAMINERS**

**PA 09-3, September Special Session** (§§ 47-49) authorizes the Office of Victim Services (OVS) to establish a program to train sexual assault forensic examiners (SAFE) and make them available to adult and adolescent sexual assault victims at participating hospitals. The act allows OVS to apply for and use funds from federal, state, and private sources for the program.

The act requires a SAFE to be a physician or a registered or advanced practice registered nurse. Under the act, a SAFE may provide immediate care and treatment to a sexual assault victim in a hospital and collect evidence. In doing so, the SAFE must follow (1) existing state sexual assault evidence collection protocols, (2) the hospital's policies and accreditation standards, and (3) the hospital's written agreement with OVS and DPH concerning its participation in the SAFE program.

The act specifies that it is not to be construed to alter the scope of nursing practice established in statute.

The act also creates a 12-member committee to advise OVS on establishing and implementing the program.

This takes effect upon passage.

## **SPEECH AND LANGUAGE PATHOLOGISTS**

(see "Audiologists" above.)

## **SUSTINET**

**PA 09-148** establishes a nine-member Sustinet Health Partnership board of directors that must make legislative recommendations, by January 1, 2011, on the details and implementation of the "Sustinet Plan," a self-insured health care delivery plan. The act specifies that these recommendations must address:

1. establishment of a public authority or other entity with the power to contract with insurers and health care providers, develop health care infrastructure ("medical homes"), set reimbursement rates, create advisory committees, and encourage the use of health information technology;
2. provisions for the phased-in offering of the Sustinet Plan to state employees and retirees, HUSKY A and B beneficiaries, people without employer sponsored insurance (ESI), people with unaffordable ESI, small and large employers, and others;
3. guidelines for development of a model benefits package; and
4. public outreach and methods of identifying uninsured citizens.

The board must establish a number of separate committees to address and make recommendations concerning health information technology, medical homes, clinical care and safety guidelines, and preventive care and improved health outcomes. The act also establishes an independent information clearinghouse to provide employers, consumers, and the general public with information about Sustinet and private health care plans.

Finally, the act creates task forces addressing obesity, tobacco usage, and the health care workforce.

This takes effect July 1, 2009, except that the sections on identifying uninsured adults and children (§§ 14 and 15) and Medicaid and public education outreach (§ 13) take effect July 1, 2011, and the three task forces (§§ 16-18) take effect upon passage.

**PA 09-3, September Special Session** (§ 43) increases membership on the SustiNet Health Partnership board of directors from nine to eleven by adding (1) an individual with expertise in either the reduction of racial, ethnic, cultural and linguistic inequities in healthcare or multi-cultural competency in the health care workforce, appointed by the Healthcare Advocate and (2) an individual appointed by the Comptroller.

The healthcare advocate and comptroller must make their appointments within 30 days of the act's passage. The initial term for these new board members is five years. The act also increases the number of board members necessary for a quorum from five to six.

This takes effect upon passage.

## **TUMOR REGISTRY**

**PA 09-232** (§ 7) updates the law governing the Connecticut Tumor Registry. Existing regulations (1) require all

hospitals and clinical laboratories to report to DPH, by June 30 annually, laboratory data, diagnosis, medical and occupational history, treatment, and lifetime follow-up information for anyone newly diagnosed with cancer and (2) subject any entity that does not report to license suspension or revocation.

The act requires the registry to include reports of all tumors and conditions that are diagnosed or treated in the state for which DPH requires reports. It extends the reporting requirement to physicians, chiropractors, naturopaths, podiatrists, athletic trainers, physical and occupational therapists, alcohol and drug counselors, radiographers and radiologic technologists, midwives, nurses, nurse's aides, dentists, dental hygienists, optometrists, opticians, respiratory care practitioners, perfusionists, psychologists, marital and family therapists, clinical social workers, professional counselors, veterinarians, massage therapists, electrologists, hearing instrument specialists, speech and language pathologists, audiologists, paramedics, and emergency medical technicians.

It requires the reports to cover every occurrence of a reportable tumor and condition (DPH determines what must be reported) that was diagnosed or treated during the calendar year. The reports must include

information from any health care provider's records; follow-up data; and demographic, diagnostic, treatment, and other medical information. They may include actual tissue samples and other information DPH prescribes. The act requires the DPH commissioner to develop a list of data that must be reported. Reports are due annually beginning July 1, 2010.

Any hospital, lab, or provider that fails to report within nine months of its first contact with a patient for diagnosis or treatment must be assessed a \$250 civil penalty for each business day after the DPH commissioner orders it to report. The act also imposes a civil penalty of up to \$500 for each tumor a provider fails to report. The commissioner may ask the attorney general to enforce both penalties.

The act requires all health care providers to give DPH access to their records to perform case finding or other quality improvement audits. It allows DPH to (1) contract for storing, holding, and maintaining tissue samples and (2) make reciprocal reporting agreements with other states' tumor registries to exchange tumor reports.

The act authorizes DPH to perform "registry services" for any hospital, lab, or provider that fails to comply with its reporting requirements. In such cases, the hospital, lab, or provider must reimburse DPH for its expenses.

Under the act, DPH can assess reimbursements, expenses, or civil penalties only after it notifies the provider in writing and gives it an opportunity to respond. The provider must respond within 14 business days of receiving the notice and must give DPH any information it requests.

This takes effect October 1, 2009.

## **ULTRASOUNDS**

**PA 09-125** prohibits anyone from performing an obstetrical ultrasound procedure unless it is (1) for a medical or diagnostic purpose and (2) ordered by a licensed health care provider acting within the scope of his or her practice.

This takes effect July 1, 2009.

## **UMBILICAL CORD BLOOD**

**PA 09-232** (§ 21) requires doctors and other health care providers who provide pregnancy-related care for women during their third trimester to provide the women with timely, relevant, and appropriate information about umbilical cord blood and cord blood banks. The information must be sufficient to allow women to make informed choices about banking or donating their child's cord blood.

This takes effect July 1, 2009.

## **VETERINARIANS**

**PA 09-232** (§§ 10, 11) requires veterinarians to take at least 24 contact hours (a contact hour is 50 minutes) of continuing education every two years as a condition of license renewal and permits DPH to sanction a veterinarian who fails to comply. The requirement applies to license renewals occurring on or after July 1, 2011.

The continuing education must (1) be in an area of the veterinarian's practice and (2) reflect his or her professional needs. In-person and online courses offered by national and state veterinarian organizations, veterinary schools, and other professional organizations qualify as continuing education activities. A veterinarian applying for license renewal must (1) attest in writing to DPH that he or she satisfied the continuing education requirements and (2) keep records to that effect for at least three years after completion. The veterinarian must submit these records to DPH with 45 days of its asking for them.

The requirements do not apply to veterinarians who (1) renew a license for the first time or (2) submit a notarized exemption application to DPH stating they do not practice actively. The act allows the DPH commissioner to waive the requirement or grant an extension for up to one year for a

veterinarian who is ill or medically disabled. A doctor's note certifying the condition must accompany the veterinarian's waiver or extension application. Upon application, the commissioner can grant additional waivers and extensions if the condition continues.

A veterinarian whose license is voided for failure to renew must document successfully completing at least 12 contact hours of continuing education in the year immediately preceding the year he or she applies to reinstate the license.

This takes effect July 1, 2009 for the continuing education requirements; October 1, 2009 for DPH's ability to sanction veterinarians who do not comply with them

JK:ts