

Office of Legislative Research
Connecticut General Assembly



HEALTH PROFESSIONS



2010-R-0272

John Kasprak, Senior Attorney

July 13, 2010

Notice to Readers

This report provides summaries of new laws (Public Acts) affecting health professions enacted during the 2010 regular 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. Complete summaries of most are already on OLR's webpage: <http://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, the House Clerk's Office, or the General Assembly's website: <http://www.cga.ct.gov>.

Table of Contents

ACUPUNCTURISTS	6
Licensure By Endorsement	6
Licensure Exception.....	6
ADVERSE EVENTS	6
ANATOMICAL DONATIONS	7
Uniform Anatomical Gift Act.....	7
State Tax Return Form.....	7
BARBERS, HAIRDRESSERS, AND COSMETICIANS	7
Barber Licensure Requirements	7
Licensure Without Examination	7
Exception to Barber Licensure Requirements	8
Displaying Barber Licenses	8
Barber, Hairdressing, and Cosmetology Regulations.....	8
BIOMEDICAL RESEARCH	8
CERTIFICATE OF NEED	9
CHILDHOOD IMMUNIZATIONS.....	9
CHIROPRACTORS	9
Disciplinary Action.....	9
Licensure Without Examination	9
Licensure Without Examination Exception	10
CHRONIC DISEASE HOSPITAL COMMITMENT	10
COLLABORATIVE DRUG THERAPY	
MANAGEMENT AGREEMENTS	10
CONCUSSIONS AND STUDENT ATHLETES	11
DENTISTS	11
Disciplinary Action.....	11
Continuing Education for Dentists	12
Office of Oral Public Health	12
EMERGENCY CERTIFICATES CONCERNING PERSONS	
WITH PSYCHIATRIC DISABILITIES.....	12
EMERGENCY MEDICAL SERVICES	13
New Definitions and Terms	13
Paramedics	14
Regional Emergency Medical Services (EMS).....	14
EMERGENCY MOBILE PSYCHIATRIC SERVICES.....	15
FUNERAL HOMES	15
HEALTH CARE ASSOCIATED INFECTIONS	16
HEALTH CARE PROVIDER RENTAL NETWORK	
CONTRACT ARRANGEMENTS	16
HEALTH INFORMATION TECHNOLOGY	16
HOSPITALS—OXYGEN-RELATED PATIENT	
CARE ACTIVITIES	17

LOCAL HEALTH DIRECTORS.....	18
MARITAL AND FAMILY THERAPISTS.....	18
Definition.....	18
Licensure Without Examination.....	18
MEDICAL RECORDS.....	19
Medical Records of a Healthcare Institution	
Ceasing Operations.....	19
Medical Records of Retired, Deceased, or Other Providers.....	19
Medical Records Related to a Provider Investigation or Disciplinary Proceeding.....	19
Nursing Home Medical Records.....	20
MEDICAL REPORTING REQUIREMENTS	
CONCERNING MOTOR VEHICLE OPERATION.....	20
MENTAL HEALTH INFORMATION-PSYCHIATRIC	
SECURITY REVIEW BOARD.....	20
NURSING.....	21
Doctoral Degree Program.....	21
Registered Nurses (RN).....	21
Licensed Practical Nurses (LPN).....	21
Licensure Without Examination.....	21
Licensure Exception.....	22
Licensure Reinstatement.....	22
Circulating Nurses.....	22
NURSING FACILITY MANAGEMENT SERVICES	
CERTIFICATION.....	22
NURSING HOME ADMINISTRATORS.....	23
Licensure by Endorsement.....	23
In-Service Training.....	23
OPTOMETRISTS.....	23
Medical Foundation.....	24
Continuing Education.....	24
ORAL CHEMOTHERAPY.....	24
PATIENT COMPLAINTS ABOUT HEALTH CARE	
PROVIDERS.....	24
PHARMACISTS AND PHARMACIES.....	24
Vaccines.....	25
Pharmaceutical Wholesalers.....	25
PHARMACEUTICAL AND MEDICAL DEVICE	
MANUFACTURING COMPANIES.....	25
PHYSICIANS.....	26
PHYSICIAN ASSISTANTS.....	26
PRIMARY CARE CASE MANAGEMENT PILOT PROGRAM.....	26
PROFESSIONAL COUNSELORS.....	26
PUBLIC HEALTH EMERGENCIES.....	27

RADIOLOGIST ASSISTANTS 27
SCHOOL-BASED HEALTH CENTERS 27
SEXUAL ASSAULT EXAMINATIONS..... 28
SOCIAL WORKERS 28
SUBSTANCE ABUSE COUNSELORS 28
UCONN HEALTH CENTER..... 28
UNLICENSED ASSISTIVE PERSONNEL 29
VOLUNTEER HEALTH CARE SERVICES 29

ACUPUNCTURISTS

Licensure By Endorsement

By law, an applicant seeking an acupuncturist license by endorsement must provide evidence to the Department of Public Health (DPH) of licensure or certification in another state or jurisdiction as an acupuncturist or as a person entitled to perform services similar to those of an acupuncturist but under a different designation. (Endorsement basically means that a licensee from another state may be eligible for licensure, without examination, in this state provided that the applicant has credentials and qualifications substantially equivalent to Connecticut's licensure requirements.)

Under **PA 10-117**, the other state's requirements must be equivalent to or higher than Connecticut's. Prior law required that they be only substantially similar to or higher than Connecticut's. The act retains the existing requirement that applicants have no disciplinary actions or unresolved complaints pending.

Licensure Exception

PA 10-117, notwithstanding licensure requirements, allows DPH within 30 days of the act's effective date, to issue an acupuncturist license to an applicant who presents satisfactory evidence that he or she (1) is a current licensed acupuncturist in good standing in another state, (2) was issued a license prior to September 5, 1990, (3) has a diploma from the National Board of Acupuncture Orthopedics, and (4) passed the acupuncture comprehensive exam and clean needle technique course portions of the National Certification Commission For Acupuncture and Oriental Medicine acupuncture exam.

These provisions take effect October 1, 2010.

ADVERSE EVENTS

PA 10-122 amends the state's adverse event reporting law by requiring that DPH's annual report to the legislature on adverse events include, for each hospital and outpatient surgical facility, aggregate information about adverse events identified at the hospital or facility. It also (1) requires the report to include contextual information about the hospital or facility and (2) allows these entities to provide informational comments relating to the adverse event reported,

which must be included in DPH's annual report.

The act prohibits a hospital or facility from taking certain actions against an employee, job applicant, or provider for actions the individual takes to further provisions of the adverse event law.

This takes effect July 1, 2010.

ANATOMICAL DONATIONS

Uniform Anatomical Gift Act

PA 10-123 replaces the 1987 Uniform Anatomical Gift Act with its 2007 successor. The act retains many provisions of the existing law, updates others, and introduces new provisions on organ and tissue procurement organizations and the role of the chief medical examiner.

The act allows some minors, parents of any minor, and a donor's legally authorized agent to make anatomical gifts during a person's lifetime. It permits more people to make donations after a person dies and reorders the priority for their doing so. It makes it more difficult for others to override a donor's anatomical gift and creates rules for interpreting gift documents that lack specificity.

The act establishes standards for donor registries and requires cooperation between procurement organizations and the Office of the Chief Medical Examiner.

It recognizes gifts made under the laws of other jurisdictions

and allows for electronic records and signatures.

This takes effect October 1, 2010.

State Tax Return Form

In order to help taxpayers to become registered organ donors, **PA 10-117** requires the revenue services commissioner to include in state tax return form instructions, information that (1) indicates how a taxpayer may contact an organ donor registry organization or (2) provides electronic links to appropriate organ donor registry organizations.

This takes effect October 1, 2010.

BARBERS, HAIRDRESSERS, AND COSMETICIANS

Barber Licensure Requirements

Starting October 1, 2011, **PA 10-117** reduces, from 1,500 to 1,000, the minimum number of hours of study an applicant must complete to obtain a barber license. These hours must be completed in an approved school, or if trained out-of-state, in a barber school or college whose requirements are equivalent to Connecticut's. The act specifies that any DPH-issued barber license is non-transferable.

Licensure Without Examination

PA 10-117 removes the requirement that applicants currently licensed as either a (1) barber or (2) hairdresser and cosmetician in another state complete at least 1,500 hours of formal education and training in (1) barbering or (2) hairdressing and cosmetology respectively, in order to obtain a Connecticut license. It instead requires these applicants to have successfully completed a (1) barber education and training program or (2) hairdressing and cosmetician education and training program. It retains the existing requirement that applicants also successfully pass a written examination in the state in which they are currently licensed.

Exception to Barber Licensure Requirements

PA 10-117 allows DPH, notwithstanding the above licensure requirements, to issue a barber license until October 1, 2011 to an applicant who (1) completed an approved 1,500 hour course in a barber or hairdressing and cosmetology school and (2) passed the written examination. (This provision takes effect upon passage.)

Displaying Barber Licenses

PA 10-117 requires all barber shops and barber schools to post in a conspicuous place, the

license of any person practicing barbering in that shop or school. It allows any local or district health director DPH authorizes to conduct inspections to assess a civil penalty of up to \$100 against any school or shop owner that fails to comply with this provision.

Barber, Hairdressing, and Cosmetology Regulations

PA 10-117 requires the DPH commissioner, in consultation with the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians, to adopt regulations prescribing minimum curriculum requirements for (1) barber schools and (2) hairdressing and cosmetology schools. It allows him to consult with the board and adopt a curriculum and procedures for the approval of these schools while in the process of adopting the regulations. The commissioner must publish notice of intent to adopt regulations in the Connecticut Law Journal within 30 days of implementation. The curriculum and procedures are valid until the final regulations are adopted.

These provisions, except where noted above, take effect October 1, 2010.

BIOMEDICAL RESEARCH

PA 10-136 expands the purposes for which DPH may make grants from the Biomedical Research Trust Fund to include

Alzheimer's disease and diabetes research. DPH may already award grants from the fund for biomedical research in the fields of heart disease, cancer, and other tobacco-related diseases. By law, it may award the grants to (1) nonprofit, tax-exempt colleges or universities or (2) hospitals that conduct biomedical research. The total amount of grants made during a fiscal year cannot exceed 50% of the total amount held in the fund on the date the grants are approved.

This takes effect July 1, 2010.

CERTIFICATE OF NEED

PA 10-179 makes a number of substantive changes to the certificate of need (CON) process administered by the Office of Health Care Access (OHCA) division of DPH by (1) clearly identifying when CON authorization is and is not required, (2) updating the guidelines and criteria OHCA must consider when making CON decisions, (3) simplifying the administrative process for CON applications, and (4) requiring an inventory of health care facilities and services.

The act also makes numerous technical changes to reflect legislation enacted last session that merged OHCA into the DPH.

This takes effect October 1, 2010.

CHILDHOOD IMMUNIZATIONS

PA 10-117 requires the DPH commissioner to determine the standard of care for childhood immunizations in Connecticut based on the recommended schedules of the (1) National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, (2) American Academy of Pediatrics, and (3) American Academy of Family Physicians.

Prior law required the standard of care to be the recommended immunization schedule of either the (1) American Academy of Pediatrics' Committee on Infectious Diseases or (2) National Immunization Practices Advisory Committee, as determined by the DPH commissioner.

This takes effect October 1, 2010.

CHIROPRACTORS

Disciplinary Action

PA 10-117 allows the Board of Chiropractic Examiners to take disciplinary action against a chiropractor for failing to comply with continuing education requirements for state licensure renewal.

Licensure Without Examination

PA 10-117 allows DPH to grant a license to a chiropractor without a written or practical examination if the chiropractor (1) holds a current valid license in good standing after examination by another state or territory with licensure standards comparable to Connecticut's, and (2) has worked continuously as a licensed chiropractor in an academic or clinical setting for at least five years immediately prior to applying for licensure without examination.

Licensure Without Examination Exception

PA 10-117 allows DPH to issue a chiropractor license to a person with a current, inactive chiropractor license in good standing from another state or territory. The inactive license must have been initially issued before August 1, 1995 on the basis of passing a (1) three-part clinical competency examination, (2) two-part x-ray examination, and (3) jurisprudence examination administered by the state's or territory's licensing authority. DPH may only issue such a license within 30 days of the act's effective date.

These provisions take effect October 1, 2010.

CHRONIC DISEASE HOSPITAL COMMITMENT

The law prohibits emergency psychiatric admission to a chronic disease hospital if the placing physician believes the person is suicidal or homicidal. **PA 10-117** allows such an admission if the hospital is certified under Medicare as an acute care hospital with an inpatient prospective payment system excluded psychiatric unit.

This takes effect October 1, 2010.

COLLABORATIVE DRUG THERAPY MANAGEMENT AGREEMENTS

PA 10-117 allows physicians and pharmacists to enter into written collaborative drug therapy management agreements without regard to the health care practice setting or the condition being treated. The law already allows (1) physicians and hospital pharmacists and (2) physicians and pharmacists working in nursing homes to enter into such agreements.

As under existing law, these collaborative agreements must be governed by patient-specific written protocols established by the treating physician in consultation with the pharmacist. These agreements can authorize a pharmacist to implement, modify, or discontinue a drug therapy that the physician prescribes; order

associated lab tests; and administer drugs.

Under the act, a pharmacist may enter into a collaborative agreement if determined competent according to regulations adopted by the Department of Consumer Protection. By law, a pharmacist's competency is determined by the hospital or nursing home facility employing the pharmacist.

The act specifies that existing collaborative drug therapy provisions in effect on September 30, 2010 apply to any written protocol-based collaborative drug therapy management agreement entered into before October 1, 2010.

This takes effect October 1, 2010.

CONCUSSIONS AND STUDENT ATHLETES

PA 10-62 requires anyone who has a coaching permit issued by the State Board of Education (SBE) and who coaches intramural or interscholastic athletics to be periodically trained in how to recognize and respond to head injuries and concussions. It also requires such a coach to take a student athlete out of any interscholastic or intramural game or practice if the athlete (1) shows signs of having suffered a concussion after an observed or suspected blow to the head or body or (2) is diagnosed with concussion. The coach must

keep the athlete out of any game or practice until the athlete has received written clearance to return to the game or practice from a licensed medical professional.

SBE must develop or approve initial and refresher concussion training courses and annually review materials in consultation with (1) the governing authority for intramural and interscholastic athletics, which is the Connecticut Interscholastic Athletic Conference (CIAC), and (2) organizations representing licensed athletic trainers and county medical associations. SBE must develop or approve the initial course by July 1, 2010, the review materials annually starting by July 1, 2011, and the refresher course by January 1, 2014.

Under the act, SBE may revoke the coaching permit of any coach who violates its requirements.

The act takes effect upon passage for the training requirements and July 1, 2010 for the requirement to remove students from games or practices until they receive medical clearance.

DENTISTS

Disciplinary Action

PA 10-117 allows the State Dental Commission to take disciplinary action (e.g., license suspension or revocation, censure, probation, or letter of

reprimand) against a dentist for failure to maintain professional liability insurance or other indemnity against professional malpractice liability. By law, dentists providing direct patient care services must have coverage amounts of at least \$500,000 per incident per individual and \$1.5 million in the aggregate.

Continuing Education for Dentists

Starting October 1, 2010, **PA 10-117** requires the DPH commissioner, in consultation with the Dental Commission, to biennially issue a list of up to five mandatory topics for continuing education activities licensed dentists must complete during the following two-year registration period. The list applies to registration periods beginning on and after October 1, 2011.

Under prior law, continuing education topics were limited to (1) infectious diseases, including AIDS and HIV; (2) access to care; (3) risk management; (4) special needs patient care; and (5) domestic violence. Licensees were required to complete at least one hour of continuing education in each of these topics within the two-year registration period. The law, unchanged by the act, requires licensees to complete at least 25 hours of qualifying continuing education every two years.

Office of Oral Public Health

PA 10-117 requires the director of the DPH Office of Oral Public Health to (1) be a licensed dentist or dental hygienist and (2) have a graduate public health degree. Prior law required the director to be an experienced licensed public health dentist.

These provisions take effect October 1, 2010.

EMERGENCY CERTIFICATES CONCERNING PERSONS WITH PSYCHIATRIC DISABILITIES

PA 10-60 permits clinical social workers and advanced practice registered nurses (APRNs) who are members of a Department of Mental Health and Addiction Services (DHMAS)-certified community support program to issue emergency certificates directing a person with psychiatric disabilities to be taken to a hospital for evaluation. The law already allows social workers and advanced practice registered nurses (APRNs) who are members of a DMHAS-operated or -funded mobile crisis team, jail diversion program, crisis intervention team, advanced supervision and intervention support team, or assertive case management support program to issue emergency certificates.

As with social workers and APRNs already authorized to issue emergency certificates, those working in the community

support program must (1) have received at least eight hours of specialized training in conducting direct evaluations and (2) as a result of direct evaluation, reasonably believe the person has psychiatric disabilities; is a danger to himself, herself, or others, or gravely disabled; and needs immediate care or treatment.

The act also requires the DMHAS commissioner to (1) certify intermediate care beds in general hospitals to provide inpatient mental health services for adults with serious and persistent mental illness and (2) operate a behavioral health recovery program providing clinical substance abuse treatment, psychiatric treatment, and nonclinical recovery support services not covered under Medicaid.

Finally, the act allows the head of a psychiatric hospital, or his authorized representative, to restrict patient communication by mail and telephone if a patient (1) sends obscene mail to another person or (2) makes harassing telephone calls.

This takes effect October 1, 2010 except for the provision regarding intermediate care bed certification, which takes effect July 1, 2010, and the provision regarding the behavioral health recovery program, which takes effect upon passage.

EMERGENCY MEDICAL SERVICES

New Definitions and Terms

PA 10-117 substitutes the terms (1) “emergency medical technician” for “emergency medical technician-intermediate” and (2) “emergency medical responder” for “medical response technician.” It also adds the following definitions into the EMS laws:

1. “advanced emergency medical technician” means a person who is certified as such by DPH;
2. “emergency medical responder” means a person who is certified as such by DPH;
3. “medical oversight” means active surveillance by mobile intensive care physicians sufficient to assess overall practice levels defined by statewide protocols;
4. “mobile intensive care” means pre-hospital care involving invasive or definitive skills, equipment, procedures, and other therapies; and
5. “sponsor hospital” means a hospital that has (1) agreed to maintain staff to provide medical oversight, supervision, and direction to an emergency medical services organization and its personnel and (2) been approved by the Office of Emergency Medical

Services (OEMS) for such activity.

The act allows the DPH commissioner to implement policies and procedures concerning training, recertification, and licensure or certification reinstatement of (1) emergency medical responders, (2) emergency medical technicians, (3) advanced emergency medical technicians, and (4) paramedics while in the process of adopting them in regulation. These policies are valid until the final regulations are adopted.

This takes effect upon passage, except for the new definitions which take effect October 1, 2010.

Paramedics

PA 10-117 allows a paramedic currently licensed by a state with licensing requirements equal to or higher than those in Connecticut to be eligible for licensure as a paramedic in Connecticut.

This takes effect October 1, 2010.

Regional Emergency Medical Services (EMS)

PA 10-117 repeals the requirement that regional EMS councils, or in regions without a council the DPH commissioner, appoint a regional EMS coordinator. It instead requires any regional EMS coordinator or assistant regional EMS

coordinator employed on June 30, 2010 to be offered an unclassified durational position within DPH from July 1, 2010 to June 30, 2011. It limits the number of these positions to five and allows them to extend beyond June 30, 2011 only if appropriations are available.

The act requires the administrative services commissioner to establish job classifications and salaries for these positions, which must be located at DPH offices. It exempts the positions from collective bargaining requirements and provides that these employees do not (1) have reemployment or any other rights extended to unclassified employees under a State Employee's Bargaining Agent Coalition (SEBAC) agreement or (2) receive credit for any purpose for services performed prior to July 1, 2010.

It requires the Tobacco and Health Trust Fund to transfer any available FY 2011 funds for regional EMS councils to DPH to establish these positions.

The act removes the EMS Advisory Board's 41 member limit and adds to its membership the state's five appointed regional medical services coordinators.

The act changes the role of regional EMS councils from area-wide EMS planning and coordinating agencies to advisory councils to the DPH commissioner on EMS planning and coordination for each region.

The act requires regional EMS coordinators, in consultation

with the commissioner, to assist these councils in developing the regional EMS delivery plan required by existing law. Councils must submit this plan every five years to OEMS and submit annual updates detailing their progress.

This takes effect July 1, 2010.

EMERGENCY MOBILE PSYCHIATRIC SERVICES

PA 10-170 permits certain licensed clinical social workers, professional counselors, and APRNs to issue an emergency certificate, under certain conditions, to hospitalize a child for medical and psychiatric evaluation. Under prior law, only physicians could issue such certificates.

The act permits social workers, counselors, and APRNs to issue an emergency certificate if they:

1. have received at least eight hours of specialized training in conducting direct evaluations as a member of a Department of Children and Families (DCF) emergency mobile psychiatric services team and
2. reasonably believe, based on their direct evaluation, that the child (a) has a psychiatric disability; (b) is a danger to himself, herself, or others or is gravely disabled; and (c)

needs immediate care and treatment.

The act requires the child to be evaluated within 24 hours after the emergency certificate is issued. The law requires a psychiatrist to conduct the evaluation. The act prohibits a hospital from holding a child hospitalized by a social worker, counselor, or APRN for more than 72 hours unless a court orders the child's commitment.

When a physician issues an emergency certificate, the law permits the child to be hospitalized for up to 15 days. And, if a commitment proceeding is begun during those 15 days, hospitalization can continue for 15 days longer (25 if the proceeding is transferred from probate to Superior Court) or until the proceeding is finished, whichever occurs first.

The act gives children hospitalized by social workers, counselors, and APRNs the same rights as existing law gives those hospitalized by physicians. These include the right to consult with and be represented by an attorney and the right to a hearing.

This takes effect October 1, 2010.

FUNERAL HOMES

The law 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. **PA 10-117** requires the use of a nationally-accepted composite instead of ABS. The use of zinc-lined containers remains unchanged under the act.

This takes effect October 1, 2010.

HEALTH CARE ASSOCIATED INFECTIONS

PA 10-117 renames the Committee on Healthcare Associated Infections the Advisory Committee on Healthcare Associated Infections and makes technical revisions to reflect this change.

The act requires DPH to consider, rather than implement within available appropriations, the committee's recommendations concerning the creation of a mandatory reporting system for healthcare associated infections. It specifies that this mandatory reporting system must be designed to prevent healthcare associated infections. It also removes the requirement that these recommendations include standardized data reporting measures.

Starting in 2011, the act changes from October 1st to May 1st the annual deadline by which DPH must report to the Public Health Committee on the information it collects through the mandatory reporting system. The report must be posted on DPH's website and be available to the public.

This takes effect October 1, 2010.

HEALTH CARE PROVIDER RENTAL NETWORK CONTRACT ARRANGEMENTS

The law allows entities that contract with health care providers (i.e., "contracting entities") to give third parties (i.e., "covered entities") access to the providers' services, rates, or fees under certain conditions. **PA 10-59** makes a violation of the law an unfair or deceptive insurance practice and authorizes the insurance commissioner to adopt regulations. It also (1) requires a contracting entity to update routinely and at least every 90 days its list of covered entities, which must be available to providers by law; (2) establishes requirements for a covered entity that subsequently gives others access to a provider's services, rates, or fees; and (3) permits a health care provider to file legal actions against contracting and covered entities.

This takes effect October 1, 2010.

HEALTH INFORMATION TECHNOLOGY

PA 10-117 establishes the "Health Information Technology Exchange of Connecticut" as a quasi-public agency for health information technology (HIT) and health information exchange

(HIE) in the state. (The act refers to this entity as the “authority” throughout.) It designates the authority as the lead HIE organization for the state beginning January 1, 2011. Under prior law, DPH was the designated lead HIE organization for the state.

Under the act, the authority takes over DPH’s responsibilities for the implementation and periodic review of the HIT plan. This includes the implementation of an integrated statewide electronic health information infrastructure for sharing electronic health information among health care facilities, health care professionals, public and private payors, and patients. The authority, instead of DPH, must also develop standards and protocols for privacy in sharing electronic health information.

The act allows the authority to establish or designate subsidiaries to create, develop, coordinate, and operate a statewide health information exchange or for other approved purposes.

Prior law also established a Health Information Technology and Exchange (HITE) Advisory Committee. The act replaces the HITE advisory committee with an authority board of directors. Board members are appointed by the governor and legislative leaders. The board also includes the lieutenant governor and the DPH commissioner who is the chairperson. Other executive

branch officials serve as ex-officio, nonvoting members.

This takes effect upon passage, except for the provision repealing the existing HITE Advisory Committee, which takes effect January 1, 2011.

HOSPITALS—OXYGEN-RELATED PATIENT CARE ACTIVITIES

PA 10-117 allows a hospital to designate any licensed healthcare provider and any certified ultrasound or nuclear medicine technician to perform the following oxygen-related patient care activities in hospitals: (1) connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting, or adjusting the mask, tubes, and other patient oxygen delivery apparatus; and (4) adjusting the oxygen rate or flow consistent with a medical order.

Under the act, a designated provider or technician may perform these activities only to the extent permitted by hospital policies and procedures, including applicable bylaws, rules, and regulations. The hospital must document that each designee is property trained, either through (1) his or her professional education or (2) training provided by the hospital. It must also require each designee to complete annual competency testing.

It specifies that the act does not apply to any type of (1) ventilator, (2) continuous positive airway pressure or bi-level positive airway pressure unit, or (3) any other noninvasive positive pressure ventilation.

This takes effect October 1, 2010.

LOCAL HEALTH DIRECTORS

Starting October 1, 2010, **PA 10-117** requires any municipal or district health director nominee to (1) be a licensed physician and hold a public health degree from an accredited school, college, university, or institution or (2) hold a graduate public health degree from an accredited school, college, or institution. It exempts from these educational requirements any municipal or district health director nominated or appointed prior to October 1, 2010.

Prior law required a municipal health director nominee to be either (1) a licensed physician or (2) hold a graduate public health degree. This degree must have resulted from at least one year of training, including at least 60 hours in local public health administration in a recognized public health school. Prior law allowed the DPH commissioner to approve a combination of training and experience in lieu of this educational requirement.

Prior law required district health nominees to be either (1) a doctor of medicine with a public health degree resulting from at

least one year of special public health training (or that meets qualifications prescribed by the DPH commissioner) or (2) trained in public health and hold a public health master's degree.

This takes effect October 1, 2010.

MARITAL AND FAMILY THERAPISTS

Definition

PA 10-117 expands the statutory definition of “marital and family therapy” to include the diagnosis and treatment of emotional disorders within the context of marriage and family systems. Under prior law, such therapy included only the evaluation, assessment, counseling, and management of these disorders.

Licensure Without Examination

PA 10-117 extends licensure without examination to marital and family therapists licensed or certified in another territory or commonwealth. Those licensed in other states can already obtain a license without examination. Under the act, an applicant can obtain a license this way if these jurisdictions' licensing standards are equivalent to or greater than Connecticut's. Prior law required that they only be substantially similar to or higher than Connecticut's. The act retains the existing requirement that

applicants have no disciplinary actions or unresolved complaints pending.

Notwithstanding these requirements, the act allows an applicant currently licensed or certified in another state, territory, or commonwealth, whose standards are not equivalent to or higher than Connecticut's to substitute five years of licensed or certified work experience in lieu of Connecticut's clinical training requirements.

These provisions take effect October 1, 2010.

MEDICAL RECORDS

Medical Records of a Healthcare Institution Ceasing Operations

By law, each licensed healthcare institution ceasing operations must give DPH, at the time it turns over its license to the department, a certified document specifying where patient records will be stored and how patients, former patients, and authorized representatives can access them. **PA 10-117** requires this certified document to also include provisions (1) concerning storage if the storage location closes or changes ownership and (2) granting DPH authority to enforce the certified document's provisions if the storage location closes or changes ownership.

The act imposes a civil penalty of up to \$100 for each day an

institution fails to comply with the terms of the certified document.

Medical Records of Retired, Deceased, or Other Providers

PA 10-117 prohibits a healthcare provider from refusing to return to a patient original or copied medical records from another provider. When returning these records, the provider may keep copies for the patient's file as long as the provider does not charge the patient for the cost of copying the records.

The act also prohibits a provider who purchases or otherwise assumes a retiring or deceased provider's practice from refusing to return original or copied medical records to a patient who decides not to continue receiving care from that practice. It prohibits the successor provider from charging the patient for the cost of copying the records of the retired or deceased provider.

If a provider abandons his or her practice, the act allows the DPH commissioner to appoint a licensed healthcare provider to keep the abandoned provider's patient records and disburse them to patients upon their request.

***Medical Records Related to a
Provider Investigation or
Disciplinary Proceeding***

PA 10-117 gives DPH and the professional licensing boards under its jurisdiction access to copies of patient records relating to any investigation or disciplinary proceeding of a person DPH licenses, certifies, or regulates. Except as required by federal law, the act specifies that DPH and the boards must not (1) be denied access to these records on the grounds that they are privileged or confidential and (2) further disclose these records. It also provides that these records are not subject to disclosure under the Freedom of Information Act.

Nursing Home Medical Records

PA 10-117 requires a chronic and convalescent nursing home or a rest home with nursing supervision to preserve all patient medical records, regardless of whether they are in printed or electronic format, for at least seven years after the patient's (1) death at the facility or (2) discharge from the facility. Facilities may maintain all or part of these records electronically in a format that complies with accepted professional standards. It also requires the DPH commissioner to amend the Public Health Code to comply with this provision.

These provisions take effect July 1, 2010.

**MEDICAL REPORTING
REQUIREMENTS CONCERNING
MOTOR VEHICLE OPERATION**

By law, physicians may report to the Department of Motor Vehicles (DMV), in writing, the name, age, and address of any patient with (1) a chronic health problem the physician believes will adversely affect his or her ability to safely operate a motor vehicle or (2) recurring periods of unconsciousness uncontrolled by medical treatment. PA 10-110 adds licensed physician assistants and APRNs to those health professions who may do so. The law similarly authorizes optometrists to report to DMV the name, age, and address of anyone the optometrist believes has a vision problem that would significantly affect his or her ability to safely operate a motor vehicle. The act prohibits anyone from suing these physicians, physician assistants, APRNs, or optometrists if they make a report to DMV in good faith.

This takes effect July 1, 2010.

**MENTAL HEALTH
INFORMATION-PSYCHIATRIC
SECURITY REVIEW BOARD**

PA 10-29 makes public certain mental health information about people under the supervision of the Psychiatric Security Review Board (PSRB) after they are acquitted of a crime due to a mental disease or defect (acquittees). It applies to

otherwise-confidential psychological or psychiatric information that either the acquittee or PSRB uses as evidence in a public hearing concerning the acquittee's release, conditional release, temporary leave, or confinement. Under prior law, such information was protected by the psychologist- or psychiatrist-patient privilege (confidentiality) rules. There was no provision in prior statute concerning temporary leaves.

The act also makes the same change for disclosure rules that apply to mental status examinations acquirtees must undergo while conditionally released into the community.

This takes effect October 1, 2010.

NURSING

Doctoral Degree Program

PA 10-8 specifically authorizes the Connecticut State University System (CSUS) to award doctoral degrees in nursing education. It does this by expanding CSUS's degree-granting authority, which, by law, already includes doctoral degrees in education; masters degrees and other graduate study in education; and liberal arts and career programs at the bachelors, masters, and sixth year level.

This takes effect upon passage.

Registered Nurses (RN)

PA 10-117 allows an RN to execute orders issued by a licensed physician assistant, podiatrist, or optometrist as long as the orders do not exceed the scope of practice of the nurse or ordering practitioner. Existing law allows an RN to provide medical care under the direction of a licensed physician, dentist, or APRN.

This takes effect October 1, 2010.

Licensed Practical Nurses (LPN)

Licensure Without Examination. PA 10-117 allows DPH to issue a LPN license without examination to an individual licensed in another state, commonwealth, territory, or the District of Columbia whose licensure requirements are equivalent to or higher than Connecticut's. Prior law required that they only be substantially similar to or higher than Connecticut's.

If an applicant obtained a license in another state, district, territory, or commonwealth by either (1) partially completing a registered nursing education program or (2) completing a practical nursing education program shorter than Connecticut's minimum requirements, he or she may substitute licensed clinical work experience. This experience must (1) be performed under the supervision of a licensed registered nurse, (2)

occur after completion of a nursing education program, and (3) when combined with the applicant's educational program, equal or exceed the minimum program length for approved LPN education programs in Connecticut.

This takes effect October 1, 2010.

Licensure Exception. Under **PA 10-117**, a person is eligible for licensure as a LPN if he or she successfully completes by December 31, 2010 (1) at least 1,500 education and training hours in a registered nursing education program approved by the Connecticut Board of Examiners for Nursing and (2) the state licensure examination.

This takes effect upon passage.

Licensure Reinstatement. **PA 10-117** allows any person previously licensed as an RN or LPN whose license became void solely because he or she failed to pay the 2007 supplemental annual professional services fee to apply to the DPH commissioner for license reinstatement. The commissioner must reinstate the license without imposing any requirements or conditions on the applicant other than filing the application and paying the current fee. A person may apply for license reinstatement in this manner until December 31, 2010.

This takes effect upon passage.

Circulating Nurses

PA 10-117 requires any hospital or outpatient surgical facility to ensure that a circulating nurse is assigned to, and present for the duration of, each surgical procedure performed in its operating room.

It prohibits the hospital or facility from assigning a circulating nurse to concurrent or overlapping surgical procedures. A circulating nurse assigned to a surgical procedure must be present for its duration unless it is necessary for the nurse to leave the operating room as part of the procedure or the nurse is relieved by another circulating nurse.

A "circulating nurse" is a licensed registered nurse who is (1) educated, trained, or experienced in perioperative nursing and (2) responsible for coordinating the nursing care and safety needs of a patient in an operating room. "Perioperative nursing" means nursing services provided to patients before, during, and immediately after a surgical procedure.

This takes effect October 1, 2010.

NURSING FACILITY MANAGEMENT SERVICES CERTIFICATION

PA 10-117 adds to the required information an applicant must submit to DPH to obtain a nursing facility management services certificate. It defines a “nursing facility management services certificate holder” as an individual or entity DPH certifies to provide nursing facility management services. The law defines “nursing facility management services” as services provided in a nursing home to manage the home’s operations, including the provision of care and services.

This takes effect October 1, 2010.

NURSING HOME ADMINISTRATORS

Licensure by Endorsement

The act makes technical and substantive changes to the requirements for licensure by endorsement for nursing home administrators. By law, an applicant must hold a nursing home administrator license in another state. **PA 10-117** specifies that this license must be (1) in current and good standing and (2) issued based on the licensee having at least a baccalaureate degree and passing that state’s licensure examination.

It also removes the requirement that an applicant be a currently practicing competent practitioner in a state with licensure requirements substantially similar to or higher than Connecticut’s. It instead requires an applicant to have practiced as a nursing home administrator in another state for at least one year within the two year period preceding the application date.

This takes effect October 1, 2020.

In-Service Training

PA 10-117 requires a nursing home administrator to ensure that all nursing home staff receive annual in-service training in an area specific to the needs of the home’s patient population. The administrator must ensure that any person conducting the training is familiar with that home’s patient population provided the training does not have to be conducted by a qualified social worker or qualified social worker consultant.

This takes effect July 1, 2010.

OPTOMETRISTS

Medical Foundation

PA 10-117 allows optometrists to provide health care services as part of a medical foundation. The law already allows licensed physicians, chiropractors, and podiatrists to do this.

The law allows 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.

Continuing Education

PA 10-117 requires the Connecticut Board of Examiners for Optometrists to approve all optometrist continuing education courses. By law, licensed optometrists must complete at least 20 hours of continuing education during each registration period (the 12-month period for which a license has been renewed) based on DPH regulations.

These provisions take effect October 1, 2010.

ORAL CHEMOTHERAPY

PA 10-63 requires certain health insurance policies that cover intravenously and orally administered anticancer medications prescribed by a

licensed practitioner with prescribing authority to cover the orally administered medication on at least as favorable a basis as the intravenously administered medication. It prohibits insurers, HMOs, medical and hospital service corporations, and fraternal benefit societies from reclassifying anticancer medications or increasing the patient's out-of-pocket costs for the medications as a way to comply.

This takes effect January 1, 2011.

PATIENT COMPLAINTS ABOUT HEALTH CARE PROVIDERS

PA 10-122 requires DPH to give patients access to certain information if they have filed complaints with the department alleging incompetence, negligence, fraud, or deceit by health care providers. It requires DPH to give the patients notice about their complaint's status and disposition. It also requires mandatory mediation for all civil actions involving allegations of negligence by health care providers resulting in personal injury or wrongful death.

This takes effect October 1, 2010.

PHARMACISTS AND PHARMACIES

Vaccines

PA 10-82 expands the authority of licensed pharmacists to administer vaccines to adults. Under existing law, pharmacists may administer flu vaccine to adults; the act allows them also to administer federally approved vaccines for the prevention of (1) invasive pneumococcal disease and (2) herpes zoster (shingles) and its after effects.

As under existing law, pharmacists must administer the vaccine according to a licensed health care provider's order and Department of Consumer Protection regulations. By law, these regulations must require that pharmacists administering flu vaccine complete an immunization training course. The act expands this training requirement to pharmacists administering any of the above vaccines.

This takes effect October 1, 2010.

Pharmaceutical Wholesalers

PA 10-117 exempts from the pharmaceutical wholesaler licensure requirements, a pharmacy within a licensed hospital that contains another hospital wholly within its physical structure and supplies the contained hospital with either (1) noncontrolled drugs or (2)

schedule II, III, IV, or V controlled substances it normally stocks. The hospital must stock these drugs to meet the needs of the contained hospital's patients receiving inpatient care as indicated by an authorized practitioner's prescription or medication order.

The law already exempts from the licensure requirements a retail pharmacy or pharmacy within a licensed hospital that supplies another pharmacy with noncontrolled drugs or schedule III, IV, or V controlled substances normally stocked to provide for immediate patient needs according to an authorized practitioner's prescription or medication order. The act extends the exemption to such pharmacies that supply schedule II controlled substances (e.g., methadone, morphine, oxycodone).

This takes effect October 1, 2010.

PHARMACEUTICAL AND MEDICAL DEVICE MANUFACTURING COMPANIES

PA 10-117 requires pharmaceutical and medical device manufacturing companies to adopt (1) codes of conduct concerning interactions with health care professionals consistent with existing industry codes and (2) a comprehensive compliance program. It authorizes the DCP

commissioner to impose civil penalties for noncompliance.

This takes effect October 1, 2010.

PHYSICIANS

PA 10-117 exempts a foreign physician or surgeon from state licensure requirements if he or she is participating in supervised clinical training under the direct supervision and control of a licensed physician at either a (1) Connecticut licensed hospital with an Accreditation Council for Graduate Medical Education-accredited residency program or (2) Connecticut primary affiliated teaching hospital of a medical school accredited by the Liaison Committee on Medical Education. The act requires the hospital to verify that the foreign physician or surgeon holds a current, valid license in another country.

This takes effect upon passage.

PHYSICIAN ASSISTANTS

By law, persons with disabilities seeking or renewing a handicapped placard must present certain certifications to the motor vehicles commissioner certifying they are eligible for one. People with disabilities must present certifications of disability from (1) a licensed physician, (2) a physician assistant, or (3) an APRN. They also must include certification that they meet the definition of a person with a disability that limits or impairs

their ability to walk from (1) a licensed physician, (2) an APRN nurse, or (3) a member of the handicapped driver training unit. PA 10-110 adds a physician assistant to those who can issue the latter certification.

This takes effect upon passage.

PRIMARY CARE CASE MANAGEMENT PILOT PROGRAM

PA 10-166 requires the Department of Social Services (DSS) to expand the HUSKY Primary Care pilot program to include primary care providers in Putnam (by July 1, 2010) and Torrington (by October 1, 2010). It permits the DSS commissioner to seek a federal waiver to make these expansions. HUSKY Primary Care is the state's primary care case management program, which is an alternative care model available to HUSKY A enrollees.

The commissioner must report on the program's expansion to the Human Services and Appropriations committees by July 1, 2011.

This takes effect upon passage.

PROFESSIONAL COUNSELORS

The law defines professional counseling as the application, by those trained in counseling, of established principles of psychosocial development and behavioral science to evaluate, assess, analyze,

and treat emotional, behavioral, or interpersonal dysfunction or difficulties interfering with mental health and human development. **PA 10-117** expands this definition to include the diagnosis of such dysfunction or difficulties.

This takes effect October 1, 2010.

PUBLIC HEALTH EMERGENCIES

PA 10-50 allows the governor, when she declares a civil preparedness emergency, to modify or suspend statutes, regulations, or other requirements that conflict with the protection of the public health, not just those that conflict with the efficient and expeditious execution of civil preparedness functions.

The act explicitly allows her to take such actions when she declares a public health emergency, but it appears that she may do so only if she has declared a civil preparedness emergency. By law, the governor may already, during a civil preparedness emergency, take steps that are reasonably necessary to protect the health of state residents and may modify and suspend laws for certain occurrences, which may include situations affecting public health.

This takes effect October 1, 2010.

RADIOLOGIST ASSISTANTS

PA 10-117 removes the requirement that a radiologist assistant perform (1) contrast media administration and (2) needle or catheter placement under the personal supervision of a supervising radiologist. (Personal supervision means a supervising radiologist must be in the room during the procedure.)

Starting July 1, 2011, the law creates a new license category for radiologist assistants, but only if DPH has appropriations to implement it. If this licensure goes forward, the act applies the same supervision criteria to radiologist assistants.

This takes effect upon passage except for the provision pertaining to licensure which takes effect July 1, 2011.

SCHOOL-BASED HEALTH CENTERS

PA 10-118 requires each Connecticut-licensed health insurer, at the request of one or more school-based health centers, to offer to contract with the center or centers to reimburse enrollees for covered health services. This offer must be made on terms and conditions similar to contracts offered to other health care service providers.

This takes effect upon passage.

SEXUAL ASSAULT EXAMINATIONS

PA 10-102 requires health care facilities in the state to charge the Office of Victim Services, instead of the Division of Criminal Justice, for sexual assault victim examinations conducted to gather evidence in accordance with state guidelines. By law, these costs cannot be charged to the victim.

This takes effect upon passage.

SOCIAL WORKERS

This act creates a new DPH license for certain social workers called “master social worker.” The act:

1. defines the practice of a master social worker,
2. requires practitioners to be licensed annually and establishes licensure requirements and fees,
3. allows for licensure by endorsement or licensure without examination in certain cases,
4. provides for one-time \$50 temporary permits to practice,
5. prohibits independent practice after October 1, 2013,
6. specifies activities certain master social workers can do, and
7. establishes continuing education requirements.

DPH currently licenses clinical social workers and continues to

do so under the act, with some changes concerning work experience requirements.

The act specifies that (1) DPH must issue licenses to master social workers only if appropriations are available and (2) no new regulatory board is established for master social workers if the licensure program is in fact implemented.

This takes effect October 1, 2010.

SUBSTANCE ABUSE COUNSELORS

PA 10-117 requires any state-employed alcohol and drug counselor to be licensed or certified unless he or she is, on October 1, 2010, a rehabilitation counselor acting in the capacity of an alcohol and drug counselor.

Prior law exempted all state-employed alcohol and drug counselors from licensure and certification requirements except for Department of Correction substance abuse counselors or supervisors.

This takes effect October 1, 2010.

UConn HEALTH CENTER

PA 10-104 provides funding, under certain conditions, for (1) the construction of a new bed tower and renovations of academic, clinical, and research space at UConn’s John Dempsey Hospital (JDH) and (2) the development of regional health network initiatives.

The total cost is \$362 million. The act authorizes the issuance of \$237 million in new state bonds of which \$207 million will be issued under the UConn 2000 infrastructure improvement program, which the act extends from 2016 to 2018. It also reallocates \$25 million in existing UConn 2000 funds to pay for planning and design costs of the new JDH bed tower and requires a contribution of \$100 million in federal, private, or other nonstate money. The act prohibits the \$237 million in new bonds from being issued and construction of the bed tower from commencing until the \$100 million is received. It establishes June 30, 2015 as the deadline for receiving the \$100 million.

The act also establishes provisions for transferring, from JDH to Connecticut Children's Medical Center, licensure and control of 40 neonatal intensive care unit beds. It confers the benefits of an enterprise zone on certain businesses in Hartford and parts of Farmington, New Britain, and Bristol, and it requires UConn to report biennially on the progress of the health network initiative and the JDH construction and renovation.

This takes effect upon passage, except for the section on enterprise zones, which is effective July 1, 2010.

UNLICENSED ASSISTIVE PERSONNEL

PA 10-117 permits unlicensed assistive personnel to administer jejunostomy and gastrojejunal tube feedings to people who attend day programs or respite centers, reside in residential facilities, or receive support under the Department of Developmental Services' jurisdiction. These feedings must be performed by trained, unlicensed personnel under the written order of either a (1) physician, (2) APRN, or (3) physician assistant, who is licensed to prescribe.

This takes effect October 1, 2010.

VOLUNTEER HEALTH CARE SERVICES

PA 10-23 allows out-of-state, volunteer health care practitioners to provide health care services in Connecticut at (1) a free clinic or similar charitable medical event providing free health care services or (2) the Special Olympics or similar athletic event attracting a large number of out-of-state participants provided the practitioners meet certain criteria. The practitioner must:

1. hold an unrestricted license or certificate in another state, territory, or the District of Columbia;

2. not represent himself or herself as a Connecticut-licensed or -certified health care practitioner;
3. provide services only to patients or athletes participating in these events;
4. provide only those services permitted by Connecticut law;
5. provide services only under the supervision of a Connecticut-licensed or -certified health care practitioner within the same licensure or certification category; and
6. maintain, either personally or through the sponsoring organization, professional liability insurance or other professional malpractice insurance in an amount equal to or greater than that required for a comparable Connecticut licensee or certificate holder.

The act requires the organization conducting such events to ensure that any participating out-of-state practitioner fully complies with its provisions.

This takes effect July 1, 2010.

JK:df