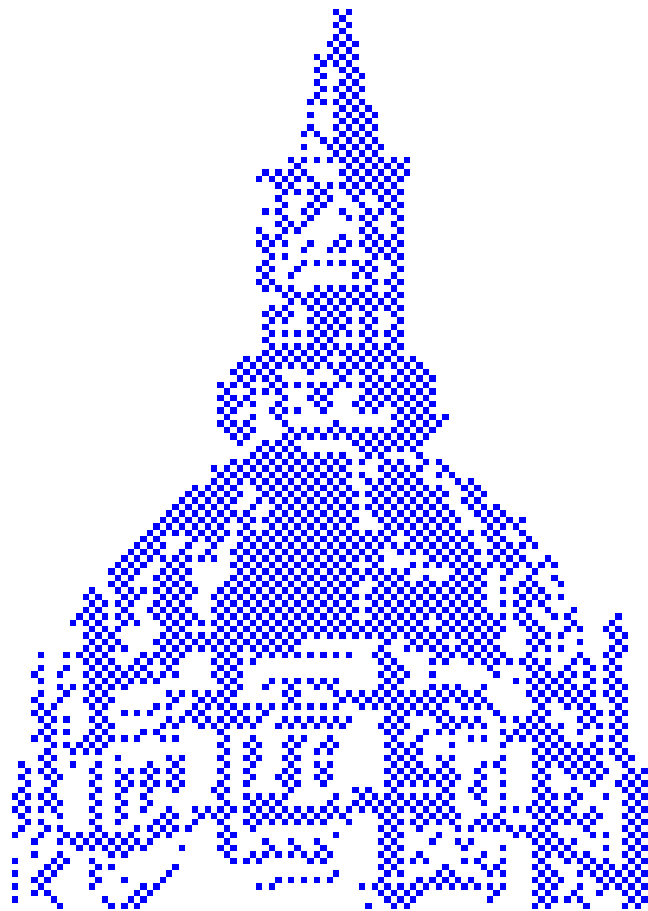




## ACTS AFFECTING HEALTH PROFESSIONS



2014-R-0159

James Orlando, Associate Attorney

June 25, 2014

## NOTICE TO READERS

This report provides summaries of new laws (Public Acts and Special Acts) affecting health professions enacted during the 2014 regular session. Each summary indicates the Public Act (PA) or Special Act (SA) number. The report does not cover acts that were vetoed. The report also does not cover budgetary or bonding provisions.

Not all provisions of the acts are included. Complete summaries of Public Acts are or will soon be available on OLR's webpage:

<http://www.cga.ct.gov.oler/OLRPASums.asp>.

All provisions summarized here are effective October 1, 2014, unless otherwise noted.

The summaries are divided into categories for ease of reference; some provisions may fall into multiple categories. For example, while there is a "Hospitals" category, there are various provisions in other categories that affect hospitals.

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

<b>ADVANCED PRACTICE REGISTERED NURSES (APRNS)</b> .....	<b>8</b>
Collaborative Agreements and Independent Practice .....	8
Continuing Education .....	8
Manufacturer Disclosure .....	8
<b>BEHAVIORAL HEALTH SERVICES</b> .....	<b>8</b>
Department of Mental Health and Addiction Services (DMHAS) Statutes .....	8
Information and Referral Service .....	8
Off-Site Services by Multi-Care Institutions .....	9
<b>BUSINESS OPERATIONS</b> .....	<b>9</b>
Certificate of Need (CON) .....	9
Notice to Attorney General .....	9
<b>DEVELOPMENTAL DISABILITIES</b> .....	<b>10</b>
Abuse and Neglect.....	10
Birth-to-Three Program .....	10
Developmental Services Councils.....	10
Evidence Regarding Conservatorship for Person with Intellectual Disability .....	11
<b>DPH AUTHORITY (GENERAL) AND DUTIES</b> .....	<b>11</b>
Authority to Issue Emergency Summary Orders .....	11
Authority to Waive Regulations .....	11
Chronic Disease Care Coordination .....	11
<b>EMERGENCY MEDICAL SERVICES (EMS)</b> .....	<b>12</b>
Primary Service Area Responders (PSARs).....	12
Various Changes .....	12

<b>FUNERAL HOMES, BURIALS, AND DISPOSITION OF BODIES.....</b>	<b>12</b>
Burial Depth and Proximity to Dwellings .....	12
Disposition of Deceased Body.....	13
Food and Beverages in Funeral Homes .....	13
Funeral Directing Scope of Practice .....	13
<b>HEALTH INFORMATION TECHNOLOGY .....</b>	<b>13</b>
<b>HOSPITALS.....</b>	<b>14</b>
Comptroller Study of Facility Fees.....	14
Conversion to For-Profit Entity .....	14
Medical Foundations .....	15
Notice of Facility Fees .....	15
Observation Status Notice .....	15
Patient Admission Notice .....	15
<b>IMMUNIZATIONS, VACCINES, AND MEDICATION</b>	
<b>ADMINISTRATION .....</b>	<b>16</b>
Epinephrine in Public Schools .....	16
Influenza and Pneumococcal Vaccines .....	16
Meningitis Vaccinations for College Students .....	16
Opioid Antagonists for Drug Overdoses .....	16
School Nurse Access to Immunization Registry.....	17
<b>INSURANCE .....</b>	<b>17</b>
Breast Ultrasound Screenings .....	17
Clinical Peers .....	17
Health and Welfare Fee .....	17
Health Insurance Exchange.....	18
Occupational Therapy Services.....	18
Step Therapy .....	18

<b>MEDICAID AND OTHER MEDICAL ASSISTANCE PROGRAMS .....</b>	<b>19</b>
Brand Name Drug Prescriptions .....	19
Durable Medical Equipment Reimbursement.....	19
Emergency Department Physician Reimbursement.....	19
Emergency Department Visits .....	19
Hospital Payment Evaluation and Pay-for-Performance Program .....	20
Medicaid State Plan Provider Expansion .....	20
Over-the-Counter Drug Coverage Expansion .....	20
Provider Audits under Medicaid .....	20
Rate Increase for Private Psychiatric Residential Treatment Facilities .....	21
<b>MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)....</b>	<b>21</b>
<b>NATUROPATHS .....</b>	<b>21</b>
<b>NURSING HOMES .....</b>	<b>22</b>
Cost Reports.....	22
Medical Examinations for Residents .....	22
Nursing Facility Correction Plans.....	22
Oral Health Training for Staff .....	22
Resident Medical Records .....	22
Small House Nursing Home Pilot Program.....	23
<b>PERSONAL CARE ATTENDANTS .....</b>	<b>23</b>
Collective Bargaining Agreements.....	23
Union Dues.....	23
<b>PHARMACISTS AND MEDICATIONS.....</b>	<b>23</b>
Disposal of Unwanted Medication.....	23
Pharmacy Audits; Electronic Funds Transfer Payments to Pharmacies .....	23
Pharmacy Rewards Programs.....	24
Various Changes .....	24

<b>PROFESSIONAL LICENSING .....</b>	<b>24</b>
Behavior Analysts’ Special Education Services .....	24
Bone Densitometry .....	24
Dental Hygienists .....	25
Hairdressers .....	25
Hearing Instrument Specialists.....	25
Nuclear Medicine Technologists .....	25
Opticians .....	25
Out-of-State Work Experience.....	25
Physical Therapist Assistants.....	26
Psychologists’ Continuing Education.....	26
Study of License Renewal Times.....	26
Tattoo Technicians.....	26
<b>RESIDENTIAL CARE HOMES .....</b>	<b>26</b>
Capital Expenditures .....	26
Direct Payment and Other Financial Matters.....	27
Payment Rates.....	27
<b>SCHOOL PHYSICAL EXAMINATIONS AND HEALTH ASSESSMENT FORMS FOR CAMPS AND CHILD CARE FACILITIES.....</b>	<b>27</b>
<b>VARIOUS PROFESSIONS .....</b>	<b>28</b>
Admissibility of Records and Reports in Civil Cases .....	28
Alzheimer’s and Dementia Training .....	28
Childhood Lead Testing .....	28
Hepatitis C Testing .....	29
Medical Spas.....	29
Participation in Court Cases Involving Child Custody and Related Matters .....	29
Provider Profiles .....	29

<b>VETERANS .....</b>	<b>30</b>
Hospital Admissions .....	30
Servicemembers' and Veterans' EMT Licensure or Certification .....	30
Servicemembers' and Veterans' Occupational Licensure .....	30
<b>VETERINARIANS — ANIMAL EUTHANIZATION .....</b>	<b>30</b>
<b>VITAL RECORDS.....</b>	<b>30</b>
Acknowledgements of Paternity and Related Amendments to Birth Certificates .....	30
Adoptee Birth Certificates .....	31
<b>WORKERS' COMPENSATION-RELATED MEDICAL SERVICES .....</b>	<b>31</b>
<b>MISCELLANEOUS .....</b>	<b>31</b>
Anesthesia.....	31
Claims Against DPH or DDS .....	32
Connecticut Tumor Registry .....	32
Federally Qualified Health Center (FQHC) Document Filing Deadline.....	32
Healthcare Associated Infections Report.....	32
Healthy Homes Initiative .....	32
Home Care Agency Employees .....	32
Local Health Departments and Districts .....	33
Office of Multicultural Health .....	33
Outpatient Surgical Facility Reporting Requirements .....	33
Patient Direct Access to Laboratory Test Results.....	33
Physician Assistants' Orders and Prescription Forms.....	33
Stroke Task Force.....	33

## **ADVANCED PRACTICE REGISTERED NURSES (APRNS)**

### ***Collaborative Agreements and Independent Practice***

[PA 14-12](#), as amended by [PA 14-231 \(§ 52\)](#), allows APRNs to practice independently if they have been licensed and practicing in collaboration with a physician for at least three years and 2,000 hours. Under prior law, APRNs had to work in collaboration with a physician, including having a written agreement regarding their prescriptive authority.

Under [PA 14-231](#), APRNs seeking to practice independently must meet certain notice and documentation requirements.

EFFECTIVE DATE: July 1, 2014

### ***Continuing Education***

[PA 14-12](#), as amended by [PA 14-231 \(§ 53\)](#), generally requires APRNs, when applying for their annual license renewal (starting with their second renewal), to attest in writing that they have earned at least 50 contact hours of continuing education in the previous 24 months. The requirement applies to registration periods beginning on and after October 1, 2014.

EFFECTIVE DATE: Upon passage

### ***Manufacturer Disclosure***

[PA 14-12](#), as amended by [PA 14-217 \(§ 75\)](#), requires manufacturers of covered drugs, devices, biologicals, and medical supplies to report to the Department of Consumer Protection (DCP) information on payments or other

transfers of value they make to APRNs. The reports are due quarterly, starting July 1, 2015. Manufacturers who fail to comply are subject to civil penalties.

## **BEHAVIORAL HEALTH SERVICES**

### ***Department of Mental Health and Addiction Services (DMHAS) Statutes***

[PA 14-138](#) makes several changes in DMHAS statutes. Among other things, it:

1. codifies existing practice by allowing DMHAS clients to receive services outside the designated mental health region where they live;
2. codifies existing practice by requiring DMHAS, within available appropriations, to assess certain people charged with felonies to determine whether they should be referred for community-based mental health services;
3. increases information sharing concerning such arrestees and certain other people in the criminal justice system who may need treatment; and
4. removes term limits for appointed members of the Board of Mental Health and Addiction Services.

### ***Information and Referral Service***

[PA 14-115](#) requires the Office of the Healthcare Advocate, by January 1, 2015, to establish an information and referral service to help residents and providers get information about, and timely referrals and access to, behavioral health care providers.

The act requires the office, by February 1, 2016, and annually thereafter, to report on gaps in services



and the resources needed to improve behavioral health care options for state residents.

EFFECTIVE DATE: July 1, 2014

### ***Off-Site Services by Multi-Care Institutions***

[PA 14-211](#) allows a multi-care institution to provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit, or at another location outside of its facilities or satellite units that is acceptable to the patient and consistent with his or her treatment plan.

Under the act, “multi-care institutions” include hospitals, adult psychiatric outpatient clinics, and free-standing substance abuse treatment facilities, that (1) have more than one facility or one or more satellite units under a single license and (2) offer complex patient health care services at each facility or satellite unit.

## **BUSINESS OPERATIONS**

### ***Certificate of Need (CON)***

[PA 14-168 \(§§ 5-8\)](#) makes several changes affecting CON applications.

The act requires a CON for a transfer of ownership of a group practice of eight or more physicians to any entity other than a physician or group of physicians, unless the parties have signed an agreement to transfer ownership on or before September 1, 2014. For such transfers when an offer was made in response to a request for proposal or similar voluntary offer for sale, the act creates certain exceptions

to the general CON process (e.g., it creates a presumption of approval for the application).

By law, the Office of Health Care Access (OHCA) must consider and produce written findings on several factors for any CON application. The act adds to those factors whether the applicant has satisfactorily demonstrated that (1) the proposal will not harm the diversity of health care providers and patient choice in the region and (2) any consolidation resulting from the proposal will not adversely affect health care costs or access.

EFFECTIVE DATE: July 1, 2014

### ***Notice to Attorney General***

[PA 14-168 \(§ 1\)](#) requires parties to certain transactions that materially change the business or corporate structure of a medical group practice to notify the attorney general, at least 30 days before the transaction takes effect. The act applies to various transactions (e.g., mergers, consolidations, or acquisitions) involving the practice and (1) another group practice resulting in a group practice of eight or more physicians or (2) a hospital, hospital system, medical foundation, or certain other entities. Among other things, the notice must describe the proposed relationship and identify each party to the transaction and the names and specialties of the physicians involved.

The act requires parties to transactions involving a hospital, hospital group, or health care provider

that are subject to federal antitrust review to notify the Connecticut attorney general and, at his request, provide a copy of the information filed with the federal agencies.

In both cases, the attorney general must use the reported information for purposes of his state antitrust investigatory authority.

The act requires hospitals and health systems to annually report specified information to the attorney general and public health (DPH) commissioner, concerning group practices of any size owned by or affiliated with them. It requires similar reporting by other group practices of 30 or more physicians.

## **DEVELOPMENTAL DISABILITIES**

### ***Abuse and Neglect***

[PA 14-165](#) expands the Department of Developmental Disabilities (DDS) abuse and neglect registry definition of abuse to include (1) financial exploitation and (2) psychological, verbal, and sexual abuse. By law, DDS maintains a registry of anyone who was (1) employed by DDS or an organization or individual who DDS licenses or funds and (2) fired from his or her job because of a substantiated complaint of abuse or neglect.

By law, DDS has general authority to conduct investigations into allegations of abuse and neglect of a person with intellectual disability. The act grants specific authority to the department to investigate reports of abuse of individuals ages 18 to 60 with autism

spectrum disorder receiving services from DDS's Division of Autism Spectrum Disorder Services (the "division").

By law, certain people, by virtue of their job title, must report suspected abuse to the Office of Protection and Advocacy for Persons with Disabilities (OPA). The act requires any such person to report suspected abuse of a person receiving division services or funding to OPA, under the same procedures as when reporting other suspected cases of abuse.

### ***Birth-to-Three Program***

#### **[PA 14-231](#) (§§ 62-65 & 72)**

repeals the laws establishing Unified School District #3 and makes conforming statutory changes, to reflect the planned closure of the district. Unified School District #3 oversaw the Birth-to-Three System's Early Connections program, the state-run Birth-to-Three provider. All Birth-to-Three services will be provided by private agencies under contract with DDS.

EFFECTIVE DATE: Repeal effective October 1, 2014; conforming changes effective July 1, 2014.

### ***Developmental Services Councils***

#### **[PA 14-143](#):**

1. increases, from 13 to 15, the membership of the Council on Developmental Services, and expands who can serve in certain positions;
2. increases, from 23 to 24, the membership of the Autism Spectrum Disorder Advisory Council; and

3. allows a member of an advisory and planning council for a state developmental services region to serve beyond the prior limit of two consecutive three-year terms if waiting for the appointment of a successor.

### ***Evidence Regarding Conservatorship for Person with Intellectual Disability***

[PA 14-121](#) allows psychological evidence from a psychologist to be introduced in place of medical evidence from a physician at a probate court hearing or review on involuntary conservatorship for a person with intellectual disability.

### **DPH AUTHORITY (GENERAL) AND DUTIES**

#### ***Authority to Issue Emergency Summary Orders***

Existing law allows the DPH commissioner to issue a summary order, pending completion of disciplinary proceedings, to the licensee of a home health care agency or homemaker-home health aide agency if she finds that the health, safety, or welfare of a patient necessitates emergency action. [PA 14-231 \(§ 14\)](#) extends the commissioner's authority to issue these orders to include all DPH-licensed institutions (e.g., hospitals and nursing homes).

Under the act, before the commissioner can issue a summary order revoking or suspending a hospital's license, she must prepare a detailed plan for the relocation of the hospital's inpatients and provision of

comparable services to its outpatients. She must prepare the plan in collaboration with the hospital and at least one health provider from the hospital's geographic area.

#### ***Authority to Waive Regulations***

[PA 14-231 \(§ 15\)](#) allows the DPH commissioner to waive regulations affecting any DPH-licensed institution if she determines that doing so would not endanger the health, safety, or welfare of any patient or resident. She can also impose waiver conditions or revoke waivers, to preserve patients' or residents' health, safety, and welfare. She cannot grant a waiver that would lead to a violation of the state fire safety or building code.

Existing law already authorized her to waive physical plant requirements for residential care homes under these same conditions.

#### ***Chronic Disease Care Coordination***

[PA 14-148](#) requires the DPH commissioner to develop and implement a plan to (1) reduce the incidence and effects of chronic disease; (2) improve chronic disease care coordination in the state; and (3) improve outcomes for conditions associated with chronic disease. She must develop the plan (1) within available resources and (2) in consultation with the lieutenant governor or her designee and local and regional health departments.

The act also requires the commissioner to report biennially on chronic diseases and the plan's implementation.

## **EMERGENCY MEDICAL SERVICES (EMS)**

### ***Primary Service Area Responders (PSARs)***

[\*\*PA 14-217\*\*](#) (§§ 19-22) makes several changes concerning EMS and PSARs. It requires municipalities to update their local EMS plans as they determine necessary and consult with their PSAR when doing so. It requires DPH, at least every five years, to review local EMS plans and PSARs' provision of services under them, and to then rate the responders' performance. A "failing" rating has various consequences, including possible removal as PSAR if the responder fails to improve.

The act makes changes to the process for municipalities to petition for a PSAR's removal, including defining what constitutes a "performance crisis" or "unsatisfactory performance" for this purpose. It requires municipalities seeking a change in their PSARs for specified reasons to submit to DPH alternative local EMS plans and the names of recommended replacements. It also requires a PSAR to notify DPH before selling its ownership interest or assets, and requires the buyer to obtain DPH's approval.

EFFECTIVE DATE: October 1, 2014, except the provisions on PSAR sales and buyer approval are effective upon passage.

[\*\*PA 14-217\*\*](#) (§§ 162) designates each state-owned campus that has an acute care hospital on the premises (i.e., John Dempsey Hospital on the UConn Health Center campus) as the PSAR for that campus.

### ***Various Changes***

[\*\*PA 14-231\*\*](#) makes a series of changes in EMS statutes. For example, it:

1. adds paramedic intercept services to the list of licensed providers;
2. removes licensing requirements for EMS staffing agencies that do not own EMS vehicles;
3. requires EMS organizations to file strike contingency plans if they receive notice from their employees' labor organization of an intention to strike;
4. requires the DPH commissioner to develop a plan for mobilizing EMS assets during governor-declared states of emergency;
5. deems state-operated ambulance or paramedic intercept services to be certified or licensed, under certain conditions; and
6. allows hospitals to use ground or air ambulance services other than the PSAR for emergency interfacility transport, under certain conditions.

## **FUNERAL HOMES, BURIALS, AND DISPOSITION OF BODIES**

### ***Burial Depth and Proximity to Dwellings***

[\*\*PA 14-231\*\*](#) (§ 6) reinstates restrictions on burial depth and burying a body near a dwelling that were repealed in 2012.

Subject to certain exceptions, the act prohibits burying a body within 350 feet of a residential dwelling unless (1) the body is encased in a vault made of concrete or other impermeable material or (2) a public highway intervenes between the burial place and the dwelling. The act also prohibits burials in which the top of the container is less than (1) one and a half feet below ground for containers made of concrete or other impermeable material or (1) two and a half feet below ground for other containers.

Violations are punishable by a fine of up to \$100 per day.

### ***Disposition of Deceased Body***

[PA 14-204](#) makes various changes concerning the disposition of a body after a person's death. It allows an agent with power of attorney to execute a written document before the person's death (1) directing the body's disposition upon death or (2) designating someone to have custody and control of the body's disposition. It gives the same authority to a conservator in regard to the conserved person's body after death, but only if the probate court expressly authorizes it.

The act generally prohibits someone with custody and control of the disposition of a deceased person's body from knowingly providing for disposition in a manner inconsistent with the above documents or a person's own advance directive or other document setting

forth health care instructions. But, a contrary disposition is allowed if approved by the probate court.

Among other things, the act also prohibits conservators, without court authorization, from revoking a document executed by the conserved person or his or her agent with power of attorney concerning the body's disposition and designation of custody and control upon death.

### ***Food and Beverages in Funeral Homes***

[PA 14-231 \(§ 54\)](#) allows funeral directors or anyone engaged in the funeral directing business to serve nonalcoholic beverages and packaged food to people making funeral arrangements or arranging for disposition of a deceased person's body at a funeral home.

### ***Funeral Directing Scope of Practice***

[PA 14-231 \(§ 55\)](#) specifies that funeral directing includes, in addition to those activities already listed, (1) consulting about disposition arrangements, (2) casketing human remains, (3) making cemetery and cremation arrangements, and (4) preparing funeral service contracts.

### **HEALTH INFORMATION TECHNOLOGY**

[PA 14-217 \(§§ 169-175 & 259\)](#) repeals the statutes establishing the Health Information Technology Exchange of Connecticut (HITE-CT) and makes conforming changes. Under prior

law, HITE-CT was a quasi-public agency designated as the state's lead health information organization.

The act transfers certain duties from HITE-CT to the social services (DSS) commissioner, such as the responsibility to implement and periodically revise the statewide health information technology plan. Among other things, it also requires the DSS commissioner to develop uniform electronic health information technology standards for use throughout DDS, DPH, DMHAS, the Department of Children and Families (DCF), and the Department of Correction. If one of these agencies plans to revise the health information technology plan, it must submit the revision plan to the DSS commissioner for his approval.

EFFECTIVE DATE: July 1, 2014

## **HOSPITALS**

### ***Comptroller Study of Facility Fees***

[PA 14-217 \(§ 77\)](#) requires the comptroller to study and report on how facility fees and the total fees hospitals or health systems charge or bill for outpatient hospital services impact the state employee health insurance plans. It defines a "facility fee" as any hospital or health system fee charged for outpatient services provided in a facility that it owns or operates that is (1) separate and distinct from the fee for providing professional medical services and (2) intended to compensate the hospital or health system for its operational expenses.

By specified dates, the act requires the comptroller to (1) analyze the fees' impact on the state employee plans; (2) determine the amount of facility fees and total fees charged by hospitals or health systems for the selected service types or categories, on an aggregate basis and by individual hospitals and health systems; and (3) determine the feasibility of removing fees he deems inappropriate or unreasonable. By October 1, 2015, the comptroller must report on his analysis and determinations.

EFFECTIVE DATE: Upon passage

### ***Conversion to For-Profit Entity***

By law, a nonprofit hospital needs the approval of the attorney general and DPH commissioner to transfer a material amount of its assets or operations or to change the control of its operations to a for-profit entity. [PA 14-168 \(§§ 9-11\)](#) requires an additional public hearing, earlier in the process than the already required hearing. It requires the purchaser and hospital to hold a hearing on the CON determination letter (which precedes the application), in the municipality where the new hospital would be located.

The act also (1) specifically allows conditions to be placed on the application's approval and (2) changes one factor in the DPH commissioner's consideration of whether to approve the application.

EFFECTIVE DATE: Upon passage

## **Medical Foundations**

[PA 14-168 \(§§ 2 & 3\)](#) allows for-profit hospitals and health systems to organize and join a medical foundation. Under prior law, only such nonprofit entities and medical schools could do so. The act also provides that any eligible entity (for-profit or nonprofit) can only organize and join one medical foundation. By law, medical foundations must be nonprofit entities.

The act prohibits any employee or representative of a for-profit entity, or any entity that owns or controls such an entity, from serving on the board of a medical foundation organized by a nonprofit entity, and vice versa. It also prohibits anyone from simultaneously serving on the board of a medical foundation organized by a for-profit entity and one organized by a nonprofit entity.

Among other things, the act also (1) adds to the information that medical foundations must report to OHCA, (2) requires the reporting annually rather than upon request, and (3) requires OHCA to make the reported information available to the public.

EFFECTIVE DATE: Upon passage

## **Notice of Facility Fees**

[PA 14-145](#) requires a hospital or health system that charges a facility fee to notify a patient in writing (1) that the facility is part of a hospital or health system that charges a facility fee, (2) of the patient's potential financial liability, and (3) that the patient should contact his or her health insurance company for

additional information. These requirements do not apply to Medicare or Medicaid patients, or patients receiving services under a workers' compensation plan that provides medical services.

The act also requires a hospital-based facility to (1) prominently display a sign indicating it charges a facility fee and (2) clearly hold itself out as hospital-based.

## **Observation Status Notice**

[PA 14-80](#) generally requires hospitals to provide oral and written notice informing patients when the hospital has placed them in observation status, no later than 24 hours after the placement. The requirement does not apply if the patient was discharged or left the hospital before the end of the 24-hour period.

The act specifies certain information that must be included with the notice and requires the patient or patient's authorized representative to sign the written notice.

## **Patient Admission Notice**

[PA 14-168 \(§ 4\)](#) requires hospitals, upon admitting a patient, to promptly ask the patient if he or she wants the hospital to notify the patient's physician about the admission. If yes, the hospital must make reasonable efforts to contact the physician as soon as practicable, but no later than 24 hours after the request.

EFFECTIVE DATE: Upon passage

## **IMMUNIZATIONS, VACCINES, AND MEDICATION ADMINISTRATION**

### ***Epinephrine in Public Schools***

[PA 14-176](#) requires schools to designate and train certain nonmedical staff to administer emergency epinephrine in cartridge injectors (“epipens”) to students having allergic reactions who were not previously known to have serious allergies. It authorizes the emergency use of epipens by nonmedical staff only if (1) the school nurse is not present or available and (2) certain conditions are met.

The act requires the school nurse or school principal to select the individuals to be trained and administer epipens. The individuals must meet training and other requirements before being allowed to administer epipens. Schools must (1) have at least one nurse or trained and authorized employee on the school grounds during regular school hours and (2) maintain a store of epipens for emergency use.

Among other things, the act also extends to the epinephrine provisions the existing immunity from liability for employees and local boards provided under the prior-authorization glucagon and epipen laws.

EFFECTIVE DATE: July 1, 2014

### ***Influenza and Pneumococcal Vaccines***

[PA 14-231 \(§§ 28 & 49\)](#) allows (1) hospitals and (2) nurses employed by licensed home health care or

homemaker-home health aide agencies to administer any type of influenza and pneumococcal (pneumonia) vaccine to patients without a physician’s order. Prior law allowed the administration only of influenza and pneumococcal polysaccharide vaccines. (In practice, health care providers use other vaccine types, such as conjugate vaccines.) Existing law requires hospitals and nurses to administer the vaccines (1) after assessing any contraindications and (2) in accordance with the facility’s physician-approved policy.

### ***Meningitis Vaccinations for College Students***

By law, students who live in on-campus housing at private or public colleges or universities must be vaccinated against meningitis. Starting with the 2014-2015 school year, [PA 14-231 \(§ 39\)](#) requires students initially enrolling to submit evidence that they received a meningococcal conjugate vaccine no more than five years before their enrollment date.

The act also allows a physician assistant (PA) to provide a certification for a medical exemption from the vaccination requirement. Physicians and APRNs may already do so.

EFFECTIVE DATE: Upon passage

### ***Opioid Antagonists for Drug Overdoses***

[PA 14-61](#) authorizes anyone to administer an opioid antagonist (such as Narcan) to a person he or she believes, in good faith, is experiencing an opioid-related drug overdose. The



act gives civil and criminal immunity to such a person who acts with reasonable care in administering the opioid antagonist, unless he or she is a licensed health care professional acting in the ordinary course of employment.

Existing law allows licensed health care practitioners authorized to prescribe an opioid antagonist, if acting with reasonable care, to prescribe, dispense, or administer it to treat or prevent a drug overdose without being civilly or criminally liable for the action or for its subsequent use. Thus, these practitioners can prescribe opioid antagonists to people who are not their patients to assist a person experiencing a drug overdose.

### ***School Nurse Access to Immunization Registry***

[\*\*PA 14-231\*\*](#) (§ 4) gives public and private school nurses access to information in DPH's childhood immunization registry to allow them to (1) determine which children in their jurisdiction are overdue for scheduled immunizations and (2) provide outreach to help get them vaccinated.

## **INSURANCE**

### ***Breast Ultrasound Screenings***

[\*\*PA 14-97\*\*](#) prohibits health insurance policies from imposing a copayment of more than \$20 for a breast ultrasound screening for which the policies are required to provide coverage. By law, policies must cover a breast ultrasound

screening if a (1) mammogram shows dense breast tissue or (2) woman is at an increased risk for breast cancer.

EFFECTIVE DATE: January 1, 2015

### ***Clinical Peers***

[\*\*PA 14-40\*\*](#) eliminates the requirement that health carriers (insurers) contract with "clinical peers" to conduct utilization reviews. It requires carriers to have procedures to ensure that appropriate or required individuals, rather than clinical peers, are designated to conduct these reviews. (Clinical peers are health care professionals licensed in the same or a similar specialty as the one that typically manages the medical condition, procedure, or treatment under review.)

By law, carriers must contract with clinical peers to evaluate the clinical appropriateness of adverse determinations (e.g., claims denials). When an urgent care request involves a substance use or mental disorder, the clinical peer must be a psychiatrist or psychologist with specified qualifications. The act makes certain changes to the required qualifications.

EFFECTIVE DATE: Upon passage

### ***Health and Welfare Fee***

[\*\*PA 14-217\*\*](#) (§ 66) requires the annual health and welfare fee paid by each (1) domestic insurer and health care center doing health insurance business in Connecticut; (2) third party administrator that provides administrative services for self-insured health benefit plans; and (3) exempt

insurer be deposited in the Insurance Fund, instead of the General Fund. It also requires that the fee assessment be adjusted upwards or downwards by the actual expenditures from the previous fiscal year.

The fee is used for DPH immunization programs.

EFFECTIVE DATE: July 1, 2014

### ***Health Insurance Exchange***

#### **PA 14-217 (§§ 87 and 88)**

requires the Connecticut Health Insurance Exchange's chief executive officer to give the insurance commissioner the name of any health carrier (e.g., insurer) that fails to pay any assessment or user fee the exchange charges. It requires the commissioner to see that the assessment or user fee law is faithfully executed, and allows him to use all powers granted him by law and all further powers reasonable and necessary to enforce the law (e.g., impose fines, cease and desist orders, or license suspension or revocation). Aggrieved health carriers may appeal to New Britain Superior Court.

Among other things, the act also alters the compliance requirements of health carriers with respect to the exchange. Under prior law, health carriers offering qualified health plans in Connecticut had to comply with all applicable state health insurance laws and regulations and the insurance commissioner's orders. The act instead requires them to comply with all applicable (1) health insurance

exchange and all-payer claims database laws and (2) procedures adopted by the health insurance exchange's board of directors.

EFFECTIVE DATE: Upon passage

### ***Occupational Therapy Services***

**PA 14-97** prohibits health insurance policies from imposing a copayment of more than \$30 per visit for in-network occupational therapy services performed by a licensed occupational therapist.

EFFECTIVE DATE: January 1, 2015

### ***Step Therapy***

**PA 14-118** bars health insurers that use prescription drug step therapy regimens from requiring their use for more than 60 days. Under the act, "step therapy" is a protocol or program that establishes the specific sequence for prescribing drugs for a specified medical condition.

At the end of the step therapy period, the act allows an insured's treating provider to determine that the step therapy regimen is clinically ineffective for the insured. At that point, the insurer must authorize dispensation of, and coverage for, the drug prescribed by the provider, if it is covered under the insurance policy or contract.

The act requires insurers to establish and disclose to their providers a process by which they may request, at any time, an authorization to override any

step therapy regimen. It prescribes the conditions under which the insurer must grant the override.

EFFECTIVE DATE: January 1, 2015

## **MEDICAID AND OTHER MEDICAL ASSISTANCE PROGRAMS**

### ***Brand Name Drug Prescriptions***

[PA 14-158](#) makes it easier, in certain circumstances, for a medical practitioner to order a brand-name drug prescription for a medical assistance (e.g., Medicaid) recipient. It does so by eliminating a requirement that the practitioner submit a hand-written prescription to a pharmacist stating “brand medically necessary” when electronically submitting a prescription for a medical assistance recipient specifying that there can be no substitution for the brand-name drug prescribed. The act instead requires the prescriber to select the code on the certified electronic prescription that indicates a substitution is not allowed.

EFFECTIVE DATE: July 1, 2014

### ***Durable Medical Equipment Reimbursement***

[PA 14-217](#) (§ 193) requires the DSS commissioner, by July 1, 2014, to accept electronic transmission of prescriptions for reimbursement under the medical assistance program for durable medical equipment, including wheelchairs, walkers, and canes. The prescriptions must be electronically signed by a licensed health care provider with prescriptive authority.

EFFECTIVE DATE: Upon passage

### ***Emergency Department Physician Reimbursement***

[PA 14-160](#) allows, under certain circumstances, an emergency department physician to (1) enroll separately as a Medicaid provider and (2) qualify for direct reimbursement for professional services he or she provides in a hospital emergency department to a Medicaid recipient.

The act requires the DSS commissioner to pay these physicians the Medicaid rate under the physician fee schedule then in effect. If the commissioner determines that doing so increases the state’s cost, he must adjust the physicians’ rates to ensure budget neutrality, in consultation with certain groups.

If the commissioner cannot implement these provisions by January 1, 2015, he must notify the Human Services and Appropriations committees at least 35 days before that date. The notice must include the (1) reasons why DSS could not meet the deadline and (2) date by which it will be able to do so.

EFFECTIVE DATE: July 1, 2014

### ***Emergency Department Visits***

DSS, DCF, and DMHAS contract with administrative service organizations (ASOs) to administer certain services for Medicaid recipients. [PA 14-62](#) requires these ASOs to also provide intensive case management (ICM) services that include (1) identifying hospital emergency departments with high numbers of Medicaid clients who

are frequent department users, (2) creating regional ICM teams to work with emergency department doctors, and (3) assigning at least one team staff member to participating departments during hours of highest use.

The act requires certain ASOs to (1) assess primary care and behavioral health providers and (2) encourage Medicaid clients to use these providers.

Among other things, the act requires (1) certain DSS-contracted ASOs annually to report on Medicaid clients' emergency department use and (2) the DSS commissioner to use the reports to monitor the ASOs' performance.

EFFECTIVE DATE: Most provisions effective July 1, 2016.

### ***Hospital Payment Evaluation and Pay-for-Performance Program***

The law requires DSS, starting July 1, 2013, to reimburse acute care and children's hospitals for serving Medicaid recipients based on diagnostic related groups (DRGs) that the DSS commissioner establishes and periodically rebases.

Under [PA 14-217 \(§ 194\)](#), when DSS converts to the DRG payment methodology, the commissioner must evaluate such payments for all hospital services, including a review of pediatric psychiatric inpatient hospital units. The act allows the DSS commissioner, within available appropriations, to implement a pay-for-performance program for pediatric psychiatric inpatient care.

EFFECTIVE DATE: July 1, 2014

### ***Medicaid State Plan Provider Expansion***

[PA 14-217 \(§ 220\)](#) requires the DSS commissioner, by October 1, 2014, to amend the Medicaid state plan to include services provided to Medicaid recipients age 21 or older by licensed (1) psychologists, (2) clinical social workers, (3) alcohol and drug counselors, (4) professional counselors, and (5) marriage and family therapists. The commissioner must (1) include the clinicians' services as optional services under the Medicaid plan and (2) provide direct reimbursement to Medicaid-enrolled providers who treat Medicaid recipients in independent practice settings.

EFFECTIVE DATE: July 1, 2014

### ***Over-the-Counter Drug Coverage Expansion***

[PA 14-217 \(§ 74\)](#) expands the list of over-the-counter drugs that DSS may pay for through its medical assistance programs to include those that must be covered as an essential health benefit under the federal Affordable Care Act, including drugs rated "A" or "B" in the current U.S. Preventive Services Task Force recommendations for people with specific diagnoses.

EFFECTIVE DATE: Upon passage

### ***Provider Audits under Medicaid***

[PA 14-162](#) makes several changes to DSS' processes for auditing (1) Medicaid providers and (2) facilities that receive Medicaid or other state payments. Specifically, it (1) limits the circumstances in which DSS may

extrapolate audited claims and (2) allows an audited provider or facility to present evidence to refute the audit's findings. For auditing purposes, it also requires DSS and DSS-contracted auditors to have on staff or consult with, as needed, health care providers experienced in relevant treatment, billing, and coding procedures.

Among other things, it requires the commissioner to also establish audit protocols and publish them on the department website. It also requires DSS to provide free training to providers and facilities to help them avoid clerical errors.

EFFECTIVE DATE: July 1, 2014

### ***Rate Increase for Private Psychiatric Residential Treatment Facilities***

[PA 14-217](#) (§ 136) requires the DSS commissioner to submit to the federal Centers for Medicare and Medicaid Services a state plan amendment to increase the Medicaid rate for private psychiatric residential treatment facilities. The increase must be within available state appropriations.

Under the act, a "private psychiatric residential treatment facility" is a nonhospital facility with an agreement with a state Medicaid agency to provide inpatient services to Medicaid-eligible people who are younger than age 21.

EFFECTIVE DATE: Upon passage

### **MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)**

[SA 14-5](#), as amended by [PA 14-231](#) (§ 67), allows the DPH commissioner, within available appropriations, to establish a voluntary pilot program to implement the use of MOLST by health care providers. It allows the commissioner to create an advisory group of health care providers and consumer advocates to make recommendations on the program.

Participating providers must be trained in how to fully inform patients about the benefits and risks of MOLST and methods for presenting end-of-life care options, among other things. Any procedures or forms related to the pilot program must be signed by the patient or the patient's legal representative and a witness.

The program must terminate by October 1, 2016, after which the commissioner must report on it.

EFFECTIVE DATE: Upon passage

### **NATUROPATHS**

[PA 14-231](#) (§ 69) amends the definition of naturopathy. Among other changes, it provides that the practice of naturopathy comprises the diagnosis, prevention, and treatment of disease and health optimization by stimulation and support of the body's natural healing processes, as approved by the State Board of Natureopathic Examiners with the DPH commissioner's consent.

The act expands the scope of practice of naturopathic physicians to include:

1. ordering diagnostic tests and other diagnostic procedures, as they relate to the practice of mechanical and material sciences of healing;
2. ordering medical devices and durable medical equipment; and
3. removing ear wax, spirometry (i.e., breathing testing), tuberculosis testing, and venipuncture for blood testing.

## **NURSING HOMES**

### ***Cost Reports***

[PA 14-55](#) requires any for-profit chronic and convalescent nursing home that receives state funding to include with its cost report to DSS the most recent finalized annual profit and loss statement from any related party that receives \$50,000 or more for providing goods, fees, and services to the nursing home.

The act prohibits anyone from bringing legal action against the state, DSS, or other state employees or agents for not taking action as a result of information obtained by DSS in cost reports. It also requires the state's Nursing Home Financial Advisory Committee to convene, changes its membership, and expands its duties.

EFFECTIVE DATE: July 1, 2014, except for the advisory committee provisions, which took effect upon passage.

### ***Medical Examinations for Residents***

[PA 14-231](#) (§ 13) requires nursing homes to complete a comprehensive medical history and examination of each resident upon admission, and annually thereafter (federal and state regulations already require this). The act requires the DPH commissioner to establish the medical examination requirements, but prohibits her from requiring a urinalysis as part of a nursing home's post-admission testing.

### ***Nursing Facility Correction Plans***

[PA 14-231](#) (§ 7) allows the DPH commissioner to require a nursing facility licensee and nursing facility management service certificate holder to jointly submit a plan of correction if she finds a substantial failure to comply with applicable law or regulations.

### ***Oral Health Training for Staff***

[PA 14-231](#) (§ 27) generally requires nursing home facilities to provide training in oral health and oral hygiene techniques to all licensed and registered direct-care staff and nurse's aides who provide direct patient care. They must provide at least one hour of training within the first year after the hiring date and annual training thereafter. The requirement does not apply to Alzheimer's special care units or programs.

### ***Resident Medical Records***

[PA 14-231](#) (§ 10) allows nursing homes to use electronic signatures for patient medical records, provided they

implement written policies to maintain the privacy and security of these signatures.

### ***Small House Nursing Home Pilot Program***

[PA 14-95](#) allows the DSS commissioner to expand, within available appropriations, the state's "Small House Nursing Home" pilot program, which was previously capped at one such home. The act also eliminates the program's 280 bed limit.

By law, a small house nursing home is an alternative nursing home facility consisting of one or more units designed and modeled as a private home with no more than 14 individuals in each unit.

EFFECTIVE DATE: July 1, 2014

## **PERSONAL CARE ATTENDANTS**

### ***Collective Bargaining Agreements***

The law allows certain personal care attendants (PCAs) to collectively bargain with the state over their reimbursement rates and other benefits. Any provision in a resulting contract that would supersede a law or regulation requires affirmative approval by the legislature before the contract becomes effective.

[PA 14-217 \(§ 159\)](#) approves such provisions in the contracts between the Personal Care Attendant Workforce Council and the New England Health Care Employees Union (District 1199, SEIU). The contract includes, among

other things, a reimbursement rate increase that cannot result in a reduction of service hours.

EFFECTIVE DATE: Upon passage

### ***Union Dues***

[PA 14-217 \(§ 227\)](#) allows PCAs' union dues and fees to be deducted from any program covered by their collective bargaining agreement. Under prior law, these dues and fees could be deducted only from payments from Medicaid-waiver programs.

EFFECTIVE DATE: Upon passage

## **PHARMACISTS AND MEDICATIONS**

### ***Disposal of Unwanted Medication***

[PA 14-217 \(§ 131\)](#) requires DCP, in consultation with the Connecticut Pharmacists Association and Connecticut Police Chiefs Association, to develop and implement a program to collect and dispose of unwanted pharmaceuticals. The program must provide for (1) a secure locked box accessible to the public 24 hours a day to drop off unwanted medication anonymously at all local police stations and (2) transporting the medication to a biomedical waste treatment facility for incineration.

### ***Pharmacy Audits; Electronic Funds Transfer Payments to Pharmacies***

[PA 14-193](#) prescribes how and by whom pharmacy audits can be conducted. Among other things, it:

1. specifies the duties of the auditing entity and how pharmacies can validate their records,
2. requires the auditing entity to give the audited pharmacy a preliminary review and final report and allows the pharmacy to appeal the final report,
3. limits when a pharmacy can be subjected to a charge-back or recoupment, and
4. allows the insurance commissioner to conduct investigations and hold hearings in connection with pharmacy audits.

The act also requires a pharmacy benefits manager, upon a pharmacy's written request, to pay claims to the pharmacy by electronic funds transfer. The payment must be made within 20 days if the claim was filed electronically and within 60 days if filed on paper.

### ***Pharmacy Rewards Programs***

[PA 14-197](#) requires a retailer to give consumers a written, plain-language summary of a pharmacy reward program's terms and conditions before enrolling consumers in the program. Among other things, it requires additional disclosures about the use of protected health information if consumers must sign a HIPAA authorization form to participate in the program. A violation of the act is deemed an unfair or deceptive trade practice.

EFFECTIVE DATE: July 1, 2014

### ***Various Changes***

[PA 14-224](#) makes several changes in the pharmacy laws. For example, it gives DCP more oversight over sterile compounding pharmacies, including making certain compounding pharmacies register as drug manufacturers. It broadens the categories of nonresident pharmacies that must register and comply with state requirements.

The act grants DCP additional investigatory and enforcement authority. Among other things, it also establishes new procedures for prescribing practitioners and pharmacists when dispensing drugs that cannot be substituted for a generic version.

EFFECTIVE DATE: July 1, 2014

### **PROFESSIONAL LICENSING**

#### ***Behavior Analysts' Special Education Services***

[PA 14-231](#) (§ 38) specifies that a board-certified (1) behavior analyst or (2) assistant behavior analyst may provide special education services to a child with autism spectrum disorder, without a speech pathologist license.

EFFECTIVE DATE: Upon passage

#### ***Bone Densitometry***

[PA 14-231](#) (§ 40) specifies that a radiographer license is not required for a radiologic technologist certified by the International Society of Clinical Densitometry or the American Registry of Radiologic Technologists if the individual is operating a bone



densitometry system under the supervision, control, and responsibility of a licensed physician.

### ***Dental Hygienists***

[\*\*PA 14-231\*\*](#) (**§ 41**) changes the requirements a dental hygienist must fulfill in order to reinstate a voided license. It requires an applicant to submit evidence to DPH that he or she completed at least 24 contact hours of qualifying continuing education during the two years immediately preceding the application date. Prior law required this only for an applicant whose license had been void for two years or less.

The act requires an applicant who has not actively practiced dental hygiene for more than two years to instead successfully complete an examination within one year immediately preceding the application date. Prior law required this for applicants whose license was void for more than two years. The act also allows such applicants to complete a DPH-approved refresher course instead of an examination.

### ***Hairdressers***

[\*\*PA 14-231\*\*](#) (**§ 37**) requires initial hairdressing and cosmetology licensure applicants to successfully complete ninth grade, instead of eighth grade.

EFFECTIVE DATE: Upon passage

### ***Hearing Instrument Specialists***

[\*\*PA 14-231\*\*](#) (**§ 44**) removes the National Board of Certification in Hearing Instrument Sciences from the list of organizations that may offer and

approve continuing education courses for hearing instrument specialists, and adds the International Hearing Society.

### ***Nuclear Medicine Technologists***

[\*\*PA 14-231\*\*](#) (**§ 45**) specifies that a nuclear medicine technologist working under the supervision and direction of a licensed physician is not practicing medicine and therefore is not required to obtain DPH licensure as a physician or surgeon.

EFFECTIVE DATE: Upon passage

### ***Opticians***

By law, before taking the optician licensure examination, an applicant must serve as a registered, full-time apprentice for at least four years under a licensed optician's supervision. [\*\*PA 14-231\*\*](#) (**§ 33**) specifies that the apprenticeship may be completed in Connecticut or another state.

### ***Out-of-State Work Experience***

[\*\*PA 14-231\*\*](#) (**§§ 34-36**) allows an applicant for licensure as a psychologist, professional counselor, or clinical social worker who is licensed or certified in another state or jurisdiction to substitute out-of-state work experience for certain licensure requirements.

Existing law allows marital and family therapists, under certain circumstances, to substitute out-of-state work experience for certain licensure requirements. The act (**§ 57**) reduces the years of out-of-state work experience they may substitute for this purpose, from five to three.

### ***Physical Therapist Assistants***

[PA 14-231](#) (§ 48) allows the DPH commissioner to license a physical therapy assistant (PTA) without an exam before July 1, 2015, if the applicant (1) presents satisfactory evidence that he or she was eligible to register as a PTA on or before April 1, 2006, and (2) pays a \$150 fee.

### ***Psychologists' Continuing Education***

[PA 14-231](#) (§ 56) generally requires licensed psychologists to complete at least 10 hours of continuing education during each one-year license registration period, starting with their second license renewal. The requirement applies to registration periods beginning on and after October 1, 2014.

### ***Study of License Renewal Times***

[SA 14-1](#) requires the DPH and DCP commissioners to review the renewal times for occupational licenses for health care and pharmacy professionals. It requires the commissioners, by July 1, 2015, to report on their recommendations for which license renewal times can be extended without jeopardizing public health or safety while achieving cost savings for these professionals.

EFFECTIVE DATE: Upon passage

### ***Tattoo Technicians***

Starting July 1, 2014, the law prohibits anyone from engaging in the practice of tattooing unless he or she is age 18 or older and obtains a

Connecticut tattoo technician license or temporary permit. [PA 14-231](#) (§ 68) extends, from July 1, 2014 to January 1, 2015, the date by which licensure applicants must complete initial education and training requirements.

The act eliminates the DPH commissioner's authority to issue a 14-day temporary permit to a person licensed or certified to practice tattooing in another state who is in Connecticut to attend an educational event or participate in a product demonstration. The act instead allows a person who (1) provides tattoo instruction or (2) participates in a product demonstration or offers tattooing as part of a professional event to practice tattooing in Connecticut if he or she meets specified requirements. For example, the person must be licensed or certified in the other jurisdiction if such licensure or certification is required and must not receive compensation for providing tattooing services to people attending the event.

Any person or organization that holds or produces such a professional event that utilizes tattoo technicians who are not licensed in Connecticut must ensure compliance with the act.

EFFECTIVE DATE: Upon passage

## **RESIDENTIAL CARE HOMES**

### ***Capital Expenditures***

[PA 14-30](#) limits to a maximum of five years the time period over which DSS may capitalize certain costs incurred by residential care homes. The limit applies to the capitalization of

costs of less than \$10,000 related to the improvement or repair of land, buildings, or fixed equipment purchased by residential care homes and reported to DSS for rate-setting purposes. Prior law required DSS to capitalize each of these costs over a time period based on its useful life as determined by the American Hospital Association.

EFFECTIVE DATE: July 1, 2014

### ***Direct Payment and Other Financial Matters***

[PA 14-164](#) allows DSS to pay Temporary Family Assistance (TFA) and State Supplement Program (SSP) benefits directly to a licensed residential care home or certain types of "rated housing facilities" through a per diem or monthly rate. Prior law generally required DSS to pay benefits directly to SSP and TFA participants.

The act extends certain regulations and provisions that apply to licensed residential care homes to rated housing facilities, such as provisions on retroactive payments.

It gives DSS discretion to withhold any retroactive rate increase from a licensed residential care home that fails, within 30 days of DSS' notification, to submit a complete and accurate annual cost report. The law allows DSS to reduce the payment rate of those that fail to submit the report by up to 10%. The act expands this provision to include failure to file complete and accurate reports.

Finally, beginning in FY 14, the act directs DSS to give rate increases, within available appropriations, for any capital improvement a residential care home makes for the health and safety of its residents that is approved by DSS.

EFFECTIVE DATE: Upon passage, except the provision on rate increases for capital improvements is effective July 1, 2014.

### ***Payment Rates***

[PA 14-217](#) (§ 195) allows the DSS commissioner, at his discretion, to waive specified regulations and make other changes to residential care home cost reporting for rate-setting for FY 15, subject to available appropriations. Such changes could affect rates paid by DSS to these facilities. By law, for FY 14 and FY 15, DSS may increase rates, within available appropriations and other limits, for those facilities with a calculated rate greater than the one in effect in FY 13.

For example, under the act, the commissioner may increase, to a maximum of 5%, the inflation cost limitation on certain costs reported by residential care homes.

EFFECTIVE DATE: July 1, 2014

### **SCHOOL PHYSICAL EXAMINATIONS AND HEALTH ASSESSMENT FORMS FOR CAMPS AND CHILD CARE FACILITIES**

[PA 14-15](#) allows licensed youth camps, child or group day care facilities, and family day care homes to use a child's physical examination required for school purposes and either his or her

school health assessment form or State Department of Education early childhood health assessment record form to satisfy any physical examination or health status certification they require. It requires that the physical examination be completed within a time the Office of Early Childhood commissioner establishes.

EFFECTIVE DATE: July 1, 2014

## **VARIOUS PROFESSIONS**

### ***Admissibility of Records and Reports in Civil Cases***

[PA 14-37](#) extends the same rules in civil cases concerning the admissibility of records or reports of in-state physicians and various other professionals to those of such out-of-state professionals. It does so by eliminating the requirement that, for the rules to apply, these professionals be licensed or certified in Connecticut. The act also extends the same rules to social workers and “mental health professionals.” Under existing law, the rules apply to physicians, dentists, chiropractors, naturopaths, physical therapists, podiatrists, psychologists, emergency medical technicians (EMTs), optometrists, PAs, and APRNs.

Among other things, the rules allow the provider’s signed reports and bills for treatment to be introduced as business entry evidence in civil cases without calling the person to testify.

EFFECTIVE DATE: October 1, 2014, and applicable to all actions pending or filed on or after that date.

## ***Alzheimer’s and Dementia Training***

[PA 14-194](#) establishes mandatory Alzheimer’s and dementia-specific training for a wide range of personnel, such as EMTs; nursing home administrators; and direct care staff in home health agencies, residential care homes, assisted living facilities, and licensed hospice care organizations.

It requires Alzheimer’s special care unit staff hired on or after October 1, 2014 to complete initial Alzheimer’s and dementia-specific training within the first 120 days of employment, instead of within the first six months as required under prior law.

EFFECTIVE DATE: October 1, 2014, except that the training requirement for nursing home administrator license applicants takes effect November 1, 2014.

## ***Childhood Lead Testing***

Prior law required primary care providers who provided pediatric care, other than hospital emergency departments, to screen children for lead at designated times. [PA 14-231 \(§§ 8-9\)](#) specifically requires testing rather than screening. It also requires these providers, before the testing occurs, to provide the parents or guardian with educational material or anticipatory guidance information on lead poisoning prevention in accordance with an existing advisory committee’s recommendations.

## ***Hepatitis C Testing***

[PA 14-203](#) generally requires licensed primary care physicians, APRNs, and PAs to offer to provide or order a hepatitis C screening or diagnostic test for patients born between 1945 and 1965, when providing services to these patients.

The requirement does not apply when the provider reasonably believes that the patient (1) is being treated for a life-threatening emergency, (2) has previously been offered or received a hepatitis C screening test, or (3) lacks the capacity to consent.

## ***Medical Spas***

[PA 14-119](#) sets certain requirements and limitations for establishments where cosmetic medical procedures are performed (“medical spas”). Among other things, it:

1. requires medical spas to employ or contract for the services of a physician, PA, or APRN with specified training and experience;
2. allows only such providers, or registered nurses, to perform cosmetic medical procedures at medical spas; and
3. requires these facilities to provide information to patients, in various formats, regarding their providers’ names and specialties.

## ***Participation in Court Cases Involving Child Custody and Related Matters***

[PA 14-3 \(§ 2\)](#), as amended by [PA 14-207 \(§ 14\)](#), allows a counsel for minor children or guardian ad litem (GAL) to be heard on a matter

pertaining to a treating health care professional’s medical diagnosis or conclusion concerning a child, in certain circumstances. This applies when (1) the counsel or GAL has a medical record or report of the treating professional that indicates or supports the diagnosis or conclusion or (2) one or more parties have refused to cooperate in paying for or obtaining a medical record or report that contains that diagnosis or conclusion.

Under the act, if the court deems it to be in the child’s best interests, the health care professional must be heard on matters pertaining to the child’s interests, including custody, care, support, education, and visitation.

## ***Provider Profiles***

Prior law required DPH, within available appropriations, to collect certain information to create individual profiles for various health care providers for dissemination to the public. [PA 14-217 \(§ 158\)](#) eliminates the “within available appropriations” restriction with regard to collecting information on physicians and APRNs. The act also adds to the profile information (1) whether the practitioner provides primary care services and (2) for an APRN, whether he or she is practicing independently or in collaboration with a physician.

## **VETERANS**

### ***Hospital Admissions***

[PA 14-141](#) requires hospitals to ask a patient, upon admission, if he or she is a veteran. It also requires hospitals, before submitting a bill to the state for a veteran who is unable to pay and is mentally ill or needs medical or surgical care or treatment, to take sufficient steps to determine that no other funds or means of payment are available to cover the cost of the rendered services.

### ***Servicemembers' and Veterans' EMT Licensure or Certification***

[PA 14-131](#), as amended by [PA 14-141](#), requires the DPH commissioner to adopt regulations on exempting servicemembers or veterans with appropriate military training from training and testing requirements for EMT licensure or certification. It requires the commissioner to issue an EMT certification to an applicant who is a servicemember or veteran who (1) presents satisfactory evidence that he or she holds a current certification as someone who may perform similar services under a different National Registry of Emergency Medical Technicians designation or (2) satisfies the DPH regulation.

### ***Servicemembers' and Veterans' Occupational Licensure***

[PA 14-131](#), as amended by [PA 14-65](#), requires various government entities (including DPH and DCP), in certain circumstances, to ask licensure applicants if they are servicemembers

or veterans and submit an annual report to the Department of Labor (DOL) and the Veterans' Committee on certain data associated with servicemembers' or veterans' applications. It also requires the DOL commissioner, after consulting with various people (including the DPH and DCP commissioners), to (1) review policies to ensure military training and experience are given proper recognition and (2) submit a report to the Veterans' Committee with the recommended policy changes.

EFFECTIVE DATE: Upon passage

## **VETERINARIANS — ANIMAL EUTHANIZATION**

With certain exceptions, the law requires that the euthanization of dogs or cats be performed only by licensed veterinarians in a humane manner. [PA 14-226](#) broadens the exceptions by exempting euthanizations performed at facilities regulated by the U.S. Department of Agriculture.

EFFECTIVE DATE: Upon passage

## **VITAL RECORDS**

### ***Acknowledgements of Paternity and Related Amendments to Birth Certificates***

[PA 14-231](#) (§§ 2 & 3) establishes specific requirements for (1) voluntary acknowledgements of paternity of an adult child (age 18 or older) and (2) amending an adult child's birth certificate to reflect an acknowledgment of paternity. Among other things, the

adult child must provide a notarized affidavit affirming his or her consent to the acknowledgment or amendment.

### ***Adoptee Birth Certificates***

[PA 14-133](#) requires DPH to give adopted individuals whose adoptions were finalized on or after October 1, 1983, or their adult children or grandchildren, uncertified copies of the adoptee's original birth certificate on request. Prior law barred access to such original birth certificates without a probate court order.

For other adoptees or authorized applicants, the act makes changes to the process to request the certificate through a court order.

The act creates a voluntary procedure for biological parents to complete a DCF form indicating whether they want to be contacted by their adopted adult children or the adoptees' adult children or grandchildren. When issuing an original birth certificate, DPH must provide a notice stating that these completed forms, as well as the biological parents' completed health history forms provided for by existing law, may be on file with DCF.

The act requires the DPH and DCF commissioners to each report annually to the Public Health Committee, for six years, on specified matters relating to the act.

EFFECTIVE DATE: July 1, 2015, except for the annual reporting provisions, which are effective upon passage.

## **WORKERS' COMPENSATION-RELATED MEDICAL SERVICES**

[PA 14-167](#) changes how the default rates for workers' compensation-related services at hospitals and ambulatory surgical centers (ASC) are determined when an injured employee's employer or workers' compensation insurance carrier (the "payor") does not negotiate rates with the hospital or ASC.

The act requires the Workers' Compensation Commission chairman, by January 1, 2015, to establish and publish Medicare-based formulas for determining rates for workers' compensation-related services at hospitals and ASCs. If the services are not covered by Medicare, the chairman must determine the rates. The payor may also negotiate different rates with the hospital or ASC.

EFFECTIVE DATE: Upon passage

## **MISCELLANEOUS**

### ***Anesthesia***

[PA 14-231 \(§ 72\)](#) resolves a statutory conflict by repealing a provision on anesthesia accreditation for medical offices or unlicensed facilities operated by licensed practitioners. Another law allows only hospitals or outpatient surgical facilities to perform procedures requiring certain levels of anesthesia. Other facilities (such as a physician's office) may use only light or moderate sedation or analgesia in incidental minor surgical procedures.

### ***Claims Against DPH or DDS***

Prior law allowed people to sue the DPH or DDS commissioners, their staffs, and certain other related entities for official acts or omissions if the damage claims exceeded \$20,000. [PA 14-231](#) (**§ 72**) repeals this statute, thus subjecting these claims to the usual process for claims against the state. Generally, claims for damages against the state must be filed with the claims commissioner instead of the courts.

### ***Connecticut Tumor Registry***

[PA 14-231](#) (**§ 29**) makes a number of changes concerning the Connecticut Tumor Registry. For example, the act eliminates required reporting for several health professionals, including many who would not be directly involved in cancer diagnosis or treatment. Among other things, it also expands the reporting requirement to include annual updates to DPH for the patient's lifetime.

### ***Federally Qualified Health Center (FQHC) Document Filing Deadline***

The law requires FQHCs to file certain information with DSS, on January 1 annually, for the previous fiscal year. [PA 14-217](#) (**§ 192**) allows an FQHC that does not use the state fiscal year calendar to file the required documents within six months after its fiscal year ends.

EFFECTIVE DATE: July 1, 2014

### ***Healthcare Associated Infections Report***

[PA 14-214](#) specifies the scope of the healthcare-associated infections report delivered annually by DPH to the Public Health Committee. It requires the report to include, for each facility, information reported to DPH or the Medicare Hospital Compare program on the number and type of infections, including certain specified types. The act also requires DPH to post certain information regarding healthcare-associated infections on its website.

### ***Healthy Homes Initiative***

[SA 14-14](#) requires the DPH commissioner, in consultation with the Housing, Insurance, and Energy and Environmental Protection commissioners, to report by January 2, 2015 on (1) the availability and location of state funds for homeowners to remediate hazardous housing conditions and (2) recommendations for any legislation required to locate this funding within a single agency to better implement DPH's Healthy Homes Initiative.

EFFECTIVE DATE: Upon passage

### ***Home Care Agency Employees***

[PA 14-159](#) allows a "sleep-time" exclusion from overtime pay requirements for certain home care agency employees who provide companionship services, under certain conditions. The act aligns state law with changes in federal regulations.

EFFECTIVE DATE: January 1, 2015



## ***Local Health Departments and Districts***

[PA 14-226](#) requires municipal health departments, as well as local health districts with populations of 50,000 or more or that serve three or more municipalities, to provide a basic health program, within available appropriations, as a prerequisite to receiving annual funding from DPH. The act specifies several required features of such a program.

## ***Office of Multicultural Health***

[PA 14-231](#) (§ 5) renames the Office of Multicultural Health within DPH as the Office of Health Equity. Among other things, the act specifies that the office's work is focused on population groups with adverse health status or outcomes, and that these groups may be based on age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness, or geographic area of residence, in addition to race or ethnicity.

## ***Outpatient Surgical Facility Reporting Requirements***

[PA 14-231](#) (§ 1) resolves a statutory conflict regarding certain reporting requirements for outpatient surgical facilities, thus specifying that the facilities are subject to these requirements. Under these provisions, facilities must respond to a biennial OHCA questionnaire asking for the (1) facility's name, location, and operating hours; (2) type of facility and services

provided; and (3) number of clients, treatments, patient visits, and procedures or scans performed per year.

## ***Patient Direct Access to Laboratory Test Results***

[PA 14-231](#) (§ 58) requires a clinical laboratory to provide medical test results directly to a patient when requested by the patient or the health care provider who ordered the testing. Prior law generally did not allow this. DPH regulations allow such action if requested by the health care provider statutorily authorized to order the testing.

## ***Physician Assistants' Orders and Prescription Forms***

[PA 14-231](#) (§ 70) eliminates the requirement that a medical order written by a PA include the signature and printed name of his or her supervising physician. It also eliminates the requirement that a PA's prescription forms include his or her supervising physician's printed name, license number, address, and telephone number. The forms must continue to include the PA's name, signature, address, and license number.

## ***Stroke Task Force***

[PA 14-214](#) establishes a task force to study issues related to stroke, including the:

1. feasibility of adopting a nationally recognized stroke assessment tool;

2. establishment of EMS care protocols for assessing, treating, and transporting stroke patients;
3. establishment of a plan to achieve continuous quality improvement in providing stroke patient care and the stroke response system; and
4. feasibility and costs of establishing and maintaining a statewide, hospital stroke designation program administered by DPH.

The task force must submit its findings and recommendations to the Public Health Committee by January 15, 2015, upon which date it terminates.

EFFECTIVE DATE: Upon passage

JO:ro