



# Acts Affecting Health Professions

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## Notice to Readers

This report provides summaries of new laws (Public Acts and Special Acts) affecting health professions enacted during the 2017 regular session. Each summary indicates the Public Act (PA) or Special Act (SA) number. The report does not cover acts that were vetoed. Not all provisions of the acts are included. Complete summaries of Public Acts will be available on OLR's webpage: <http://www.cga.ct.gov/olr/OLRPASums.asp>.

The summaries are divided into categories for ease of reference; some provisions may fall into multiple categories.

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

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## **Behavioral Health**

### ***Alcohol and Drug Counselors***

A new law specifies that a licensed alcohol and drug counselor may provide counseling services to a person diagnosed with a co-occurring mental health condition other than alcohol and drug dependency if such counseling is within the licensee's scope of practice ([PA 17-146, § 22](#), effective upon passage).

### ***Conversion Therapy***

A new law prohibits health care providers, or anyone else while conducting trade or commerce, from practicing or administering “conversion therapy” (i.e., any practice or treatment that seeks to change a minor’s sexual orientation or gender identity). It identifies certain types of counseling that are not considered conversion therapy, such as counseling intended to assist a person undergoing gender transition or facilitate a person’s identity exploration.

The new law also prohibits the use of public funds for conversion therapy or related actions ([PA 17-5](#), effective upon passage).

### ***Elimination of Notification Requirement for Certain Health Professionals***

A new law eliminates the requirement for a health care professional to notify DPH if he or she is diagnosed with a mental illness or behavioral or emotional disorder. Under prior law, the professional had to provide the notice within 30 days of the diagnosis and could satisfy the requirement by seeking intervention with the assistance program for health professionals ([PA 17-178](#), effective October 1, 2017).

### ***Marriage and Family Therapists, Professional Counselors, and Psychology Students***

By law, students who graduate with advanced degrees in marital and family therapy (MFT), professional counseling, and psychology may generally practice without a license, under the supervision of a person licensed in their respective professions, in order to complete the supervised work experience required for licensure.

A new law allows them to do so until they are notified that they failed the licensing examination or one year after completing their supervised work experience, whichever occurs first ([PA 17-146, §§ 9-11](#), effective October 1, 2017).

## ***Professional Counselors***

This session, the legislature established new qualifications for professional counselor licensure, starting in 2019. For example, the new law requires applicants to have graduated from a (1) program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or (2) regionally accredited program and meet other requirements similar to existing CACREP standards. In some circumstances, the new law allows applicants who were enrolled in a graduate program on or before July 1, 2017 to apply for licensure under the current requirements after the new ones take effect in 2019.

The new law also requires professional counselors' continuing education to include three contact hours in professional ethics annually ([PA 17-94](#), effective October 1, 2017).

## ***Psychology Technicians***

A new law makes various changes to the law that allows psychology technicians to provide psychological testing services under a psychologist's supervision. Among other things, it establishes certain requirements for the supervising psychologist, such as verifying the technician's credentials and remaining on-site while the technician is providing services ([PA 17-128](#), effective October 1, 2017).

## ***Transferring Patients Under Psychiatric Security Review Board Jurisdiction For Medical Treatment***

A new law codifies existing practice by allowing the Department of Mental Health and Addiction Services (DMHAS) to transfer an "acquittee" (i.e., a person found not guilty of a crime by reason of mental disease or defect) from maximum security confinement to another facility (e.g., hospital or emergency department) for medical treatment ([PA 17-179](#), effective October 1, 2017).

## **Children's Health**

### ***DPH Birth Defect Surveillance Program***

By law, specified licensed health providers must report to the Department of Public Health (DPH) within 48 hours after learning a child has a birth defect. A new law limits this reporting requirement to children under age one born in Connecticut, instead of all children under age five. It also makes various changes to the department's birth defect surveillance programs. The changes affect (1) birth defect screening requirements, (2) notification requirements for licensed health care

professionals, (3) DPH access to infants' hospital discharge records, (4) confidentiality of information collected pertaining to the program, and (5) record keeping and research requirements ([PA 17-146, §13](#), effective October 1, 2017).

### ***Newborn Safe Havens***

The legislature made various changes to the state's safe haven law, which requires hospitals to designate a place in their emergency rooms where a parent or a parent's legal agent can surrender an infant up to 30 days old without facing arrest for abandonment ([CGS § 17a-57 et seq.](#)). Among those changes, the new law clarifies the information a hospital employee may disclose about a safe haven surrender if he or she believes the infant was abused or neglected ([PA 17-18](#), effective October 1, 2017).

### ***Newborn Screening for Congenital Heart Disease***

By law, all health care institutions caring for newborn infants must test them for critical congenital heart disease, unless their parents object on religious grounds. Starting January 1, 2018, a new law requires the health care institution's administrator to enter the screening test results into DPH's newborn screening system for genetic and metabolic disorders ([PA 17-146, §14](#), effective October 1, 2017).

## **Dental Professionals**

### ***Dental Assistants—Education Programs***

The legislature expanded the list of qualifying education programs for dental assistants. It allows someone to qualify as a dental assistant if he or she completed a program accredited or recognized by any U.S. Department of Education-recognized national or regional accrediting agency rather than only programs accredited or recognized by the New England Association of Schools and Colleges.

An individual is already qualified as a dental assistant if he or she completed (1) on-the-job training under direct supervision or (2) a dental assistant education program accredited by the American Dental Association's Commission on Dental Accreditation ([PA 17-44](#), effective upon passage).

### ***Dental Assistants—Infection Control***

A new law delays by six months (from January 1, 2018 to July 1, 2018) the start date for certain infection control laws for dental assistants, such as the general prohibition on dentists delegating procedures to assistants who have not provided documentation of having passed the Dental Assisting National Board's infection control examination ([PA 17-146, § 43](#), effective upon passage).

## ***Dental Hygienist Continuing Education***

A new law requires dental hygienists, every two years, to complete at least one contact hour of training or education in cultural competency as part of existing continuing education requirements (the requirement applies to registration beginning on and after October 1, 2017).

Dental hygienists generally already had to complete 16 hours of continuing education every two years. The new law specifies that they must complete 16 “contact hours,” which it defines as a minimum of 50 minutes per hour of continuing education activity ([PA 17-146, §§ 3 & 4](#), effective October 1, 2017).

## **Embalmers and Funeral Directors**

### ***Embalmers and Funeral Directors—Discipline for Invalidated Exam***

A new law sets conditions prohibiting DPH and the Connecticut Board of Examiners of Embalmers and Funeral Directors from taking disciplinary action against a licensee notified on or before October 1, 2017 that his or her score on the national board examination was invalidated. The prohibition applies only (1) to discipline based on the invalidation of the exam score and (2) if the licensee retakes and passes the exam no later than October 1, 2018.

Under the new law, if a licensee is subject to the above provisions and fails to retake and pass the exam by October 1, 2018, his or her license is annulled, subject to the Uniform Administrative Procedure Act ([PA 17-146, § 24](#), effective upon October 1, 2017).

### ***Student Embalmers***

The legislature gave applicants for an embalmer’s license up to two years to meet the existing requirement to have embalmed at least 50 human bodies under a licensed embalmer’s supervision. Previously, they had to complete this requirement in one year ([PA 17-43](#), effective October 1, 2017).

## **Emergency Medical Services (EMS)**

### ***Local EMS Plans - Deadlines***

A new law makes changes concerning municipalities’ local EMS plans. Among other things, it (1) requires municipalities to update their plans at least every five years, rather than when they determined necessary as under prior law; (2) specifies certain information that must be included in the plans’ performance standards; (3) requires DPH to give at least 120 days’ notice to a



municipality before beginning its evaluation of the municipality's revised plan; and (4) modifies the process for developing performance improvement plans for primary service area responders rated as failing ([PA 17-84](#), effective October 1, 2017).

### ***Local EMS Plans – Opioid Antagonists***

A new law extends the date, from October 1, 2016, to October 1, 2017, by which municipalities must amend their local EMS plans to require at least one EMS provider likely to arrive first on the scene of a medical emergency to carry an opioid antagonist and complete a training on how to administer it.

The new law also clarifies that at least one EMS provider who is likely to arrive first on the scene must carry an opioid antagonist and complete the training, not all such providers ([PA 17-131, § 11](#), effective July 1, 2017).

## **End of Life Care**

### ***Do Not Resuscitate (DNR) Orders***

A new law defines “do not resuscitate” or “DNR” orders, specifying in statute what treatment may be withheld under such orders. Under the law, these are orders written by a licensed physician or advanced practice registered nurse for a particular patient to withhold (1) cardiopulmonary resuscitation, including chest compressions, defibrillation, or breathing, or (2) ventilation by any assistive or mechanical means, such as mouth-to-mouth, bag-valve mask, endotracheal tube, or ventilator ([PA 17-146, § 6](#), effective October 1, 2017).

### ***Medical Orders For Life-Sustaining Treatment (MOLST) Program***

By law, DPH is currently operating a MOLST pilot program, scheduled to end in October 2017. A new law requires DPH to establish a statewide MOLST program, under which patient participation must be voluntary.

Under the act, a MOLST is a medical order written by a physician, advanced practice registered nurse (APRN), or physician assistant to carry out a patient's request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty ([PA 17-70](#), effective October 1, 2017).

## **Health Care Facilities**

### ***Certified Stroke Centers and Stroke-Ready Hospitals***

Starting by October 1, 2017, a new law requires certain stroke-certified hospitals to annually report to DPH an attestation of their certification.

Among other things, it also requires DPH to (1) annually post a list of these stroked-certified hospitals on its website and send the list to the medical director of each EMS provider in Connecticut and (2) adopt a nationally recognized stroke triage assessment tool and pre-hospital care stroke protocols ([PA 17-146, §§ 40 & 41](#), effective upon passage, except the requirement to post the list on the DPH website is effective October 1, 2017).

### ***Facility Construction Guidelines***

A new law requires a health care institution planning a construction or building alteration project to provide the project plan to DPH and comply with DPH-approved, nationally established facility construction guidelines in place when the institution submits the plan to the department ([PA 17-95](#), effective October 1, 2017).

### ***Facility Fees***

A new law modifies patient notification requirements concerning facility fees hospitals and health systems charge for outpatient services provided at hospital-based facilities. Among other things, it requires that such patient notices include a telephone number the patient may call for more information, including an estimate of the facility fee likely to be charged based on the scheduled professional medical service ([PA 17-241, § 5](#), effective October 1, 2017).

### ***Health Care Facility Licensure Application Fees***

A new law requires applicants for health care facility licensure to submit the required fee to DPH along with their licensure application ([PA 17-146, § 1](#), effective October 1, 2017).

### ***Hospital Exchange of Electronic Health Records***

A new law makes changes to hospital electronic health record (EHR) requirements. For example, it (1) specifically requires hospitals to send or receive EHRs if requested by a patient or provider as long as it would not violate other laws or constitute an identifiable and legitimate security or privacy risk and (2) specifically adds patient admission and transfer records to the definition of “electronic health record.”

As under the existing provisions on hospitals' EHR exchange, a hospital's failure to take all reasonable steps to comply with the act constitutes evidence of health information blocking, which is an unfair trade practice ([PA 17-241, § 4](#), effective October 1, 2017).

### ***Microbiological and Biomedical Biosafety Labs***

A new law establishes a \$400 biennial registration fee for microbiological and biomedical biosafety laboratories and exempts federally and state-operated laboratories from the fee. DPH currently registers and inspects these laboratories every two years, but does not charge a fee for doing so.

The law also updates statutory definitions related to these laboratories to reflect current federal guidelines ([PA 17-146, § 20](#), effective October 1, 2017).

### ***Outpatient Dialysis Units***

A new law codifies the regulatory definition of “outpatient dialysis unit,” and makes technical changes. Under existing law and regulations, outpatient dialysis units are licensed by DPH ([PA 17-146, § 2](#), effective October 1, 2017).

## **Health Insurance**

### ***Contracts Between Health Care Providers and Health Carriers***

A new law clarifies that a contract between a health care provider and a health carrier (e.g., insurer or HMO) cannot contain a provision that prohibits disclosure of (1) billed or allowed amounts, reimbursement rates, or out-of-pocket costs or (2) any data related to the all-payer claims database, and that such information may be used to help consumers and institutional purchasers make informed health care choices and price comparisons.

Starting October 1, 2017, this law extends the same prohibition to a contract between a health care provider and a health carrier or any agent or vendor the provider retains to provide data or analytical services to evaluate and manage health care services to the health carrier's plan participants.

Under the new law, a contract that violates its provisions is void and unenforceable. Any contract provision rendered invalid or unenforceable does not affect remaining provisions ([PA 17-241, § 1](#), effective October 1, 2017).

## ***Dental and Vision Carriers***

The legislature required dental and vision carriers to abide by the law's network adequacy requirements, which previously only applied to certain health carriers. Now, dental and vision carriers must (1) establish and maintain adequate provider networks and (2) provide benefits at the in-network coverage level when a nonparticipating provider performs covered services because an in-network provider is unavailable ([PA 17-198, § 31](#), effective upon passage).

## ***Direct Payments for Substance Use Disorder Treatments***

A new law requires certain health insurance policies to directly pay any out-of-network health care providers eligible for reimbursement for diagnosis or treatment rendered in Connecticut for a substance use disorder ([PA 17-157](#), effective January 1, 2018).

## ***Insurance Coverage for Substance Use Disorder***

A new law requires certain individual and group health insurance policies to cover medically necessary (1) medically monitored inpatient detoxification services and (2) medically managed intensive inpatient detoxification services for insureds or enrollees who have been diagnosed with a substance use disorder ([PA 17-131, §§ 8 & 9](#), effective January 1, 2018).

## ***Preferred Provider Network (PPN) Solvency and Licensing***

The legislature increased the financial solvency requirements for a PPN by requiring that it maintain (1) a minimum net worth of \$500,000, instead of \$250,000, and (2) at least four months, instead of two months, worth of payments to participating providers ([PA 17-198, § 10](#), effective July 1, 2017).

## ***Provider Directories***

A new law requires health carriers' provider directories to indicate if health care providers accept new patients on an outpatient basis ([PA 17-154](#), effective January 1, 2018).

For other provisions affecting health insurance, please see OLR Report [2017-R-0116](#).

## **Health Professionals**

### ***Assault of a Health Care Employee***

Under existing law, a defendant who commits the crime of assaulting a health care employee may claim as a defense that he or she has a mental, physical, or intellectual disability and the conduct was a clear and direct manifestation of the disability.

A new law makes two changes to this defense. First, it provides that the defense is an affirmative defense (and thus, a defendant has the burden to establish the defense by a preponderance of the evidence). Second, it provides that an abnormality manifested only by repeated criminal or antisocial conduct is not a qualifying mental disability for purposes of this defense ([PA 17-216, § 3](#), effective October 1, 2017).

### ***Barbers and Hairdressers***

A new law exempts barbers, hairdressers, and cosmeticians from having to submit to a state or national criminal history records check as a prerequisite to state licensure. It also prohibits DPH from taking the following actions with respect to an applicant for a barber or hairdresser and cosmetician license solely because he or she was found guilty or convicted of a felony: (1) denying an application for licensure by examination or endorsement, (2) denying reinstatement of a license, or (3) issuing a conditional license ([PA 17-112](#), effective October 1, 2017).

### ***Occupational Therapy Assistants—Supervision***

Under a new law, an occupational therapist's oversight of, or participation in, the work of an occupational therapist assistant includes:

1. continuous availability of direct communication between the assistant and the therapist;
2. availability of the therapist on a regularly scheduled basis to review the assistant's practice and support the assistant in the performance of his or her services; and
3. a plan for emergency situations, including designating an alternate licensed occupational therapist to oversee or participate in the assistant's work in the regular therapist's absence ([PA 17-146, § 8](#) and [PA 17-202, § 75](#), effective October 1, 2017).

### ***Restricted License***

The legislature allowed DPH and its licensing boards and commissions to issue a restricted license or permit that limits a practitioner's practice (e.g., prohibiting the prescribing of certain controlled substances), without having to place the person on probationary status ([PA 17-10](#), effective October 1, 2017).

### ***Summary Disciplinary Action***

DPH and its professional licensing boards and commissions can now take summary disciplinary action against the license or permit of a practitioner who is subject to disciplinary action by the federal government ([PA 17-146, § 7](#), effective October 1, 2017).

## ***Veterinarian Investigation***

A new law allows the owner of an animal that is the subject of a DPH investigation against a veterinarian to have access to the department's related investigation records ([PA 17-168](#), effective October 1, 2017).

## **HIV Laws**

A new law makes various changes to HIV-related laws. Among other things, it (1) changes the time frames for testing pregnant women for syphilis and HIV, (2) narrows the list of topics that must be addressed in counseling that providers ordering HIV tests must offer to patients as needed, and (3) repeals a provision that allowed patients to refuse to receive an HIV test result ([PA 17-6](#), effective July 1, 2017, except a conforming change is effective October 1, 2017). ([PA 17-146, § 42](#) made a technical change to this act.)

## **Long-Term Care**

### ***Background Checks for Long-Term Care Facility Workers***

By law, a long-term care facility may offer a person conditional, supervised employment for up to 60 days, while waiting to receive DPH notification of background check results. (The law requires people who will have direct access or provide direct services to patients to complete a federal and state criminal history records check.)

A new law allows DPH to extend the 60-day period to allow the department time to review an individual's written request to waive a disqualifying offense (e.g., conviction or substantiated finding of abuse or neglect) ([PA 17-146, §19](#), effective October 1, 2017.)

### ***Home Health Care Registries***

A new law requires, absent an emergency, homemaker-companion service registries to give consumers a written, legal liability notice before commencing services, rather than within four days after supplying, referring, or placing an individual homemaker or companion with a consumer. In an emergency, prior law's four-day deadline applies, but the registry must detail the emergency on a form and have it signed by the consumer or his or her representative ([PA 17-53](#), effective October 1, 2017).

## ***Medication Administration by Unlicensed Personnel***

A new law requires homemaker-home health aides and residential care home unlicensed personnel who were certified to administer non-injected medications by June 30, 2015 to be recertified by July 1, 2018 to continue to do so ([PA 17-146, §§ 31 & 32](#), effective upon passage).

## **Medicaid**

### ***Council on Medical Assistance Program Oversight***

A new law eliminates the Council on Medical Assistance Program Oversight's standing subcommittee on Medicaid cost savings, thereby reducing the council's membership by six. The subcommittee had to study and make annual recommendations to the council on evidence-based best practices concerning Medicaid cost savings. Its first report was due to the council by January 1, 2015 ([PA 17-33](#), effective October 1, 2017).

### ***Limits on Medicaid Provider Audits***

A new law temporarily prohibits the Department of Social Services (DSS) from extrapolating overpayments (i.e., projecting submitted claims' total value based on a sample) caused by errors related to implementing a state-required electronic visit verification (EVV) system for DSS' Medicaid home- and community-based services program. EVVs require health care providers to enter data at the patient's home at the time the provider renders services and can be used for scheduling services, visit verification, and submitting claims.

The new law also prohibits the DSS commissioner from applying agency policies or other criteria in audits of provider claims unless they were promulgated and distributed to the provider before the audited service was provided ([PA 17-135](#), effective July 1, 2017, except that the EVV provisions take effect upon passage).

## **Miscellaneous**

### ***FDA Model Food Code***

A new law requires DPH, by July 1, 2018, to adopt and administer the federal Food and Drug Administration's (FDA) Food Code as the state's food code for regulating food establishments. Under prior law, the department regulated these establishments under the Public Health Code.

Among other things, the new law (1) requires Class 3 and Class 4 food establishments to employ a "certified food protection manager" instead of a "qualified food operator" and extends the requirement to Class 2 food establishments; (2) increases, from 16 to 20 contact hours, the

required number of training hours food inspectors must complete every three years to renew their certification; and (3) requires a local health director to investigate and take specified actions to control a suspected food borne illness or outbreak ([PA 17-93](#), various effective dates).

### ***Human Trafficking Victim Services Notice***

A new law extends the requirement to post the Chief Court Administrator's notice about services for human trafficking victims to acute care hospital emergency rooms, urgent care facilities, and establishments that provide massage services for a fee or nail technicians' services.

Under the new law, people and entities that must comply with the notice requirement are subject to a fine of \$100 for the first offense and \$250 for a subsequent offense. Additionally, violators are subject to any license, permit, or certificate suspension or revocation proceeding that an appropriate authority may initiate ([PA 17-32, §§ 5 & 6](#), effective October 1, 2017).

### ***Victim Compensation Awards***

A new law requires health care providers to promptly stop efforts to collect any debt that resulted from treatment of injuries associated with a pending victim compensation claim. They must do so as soon as they become aware and receive notice from the Office of Victim Services (OVS) that a debtor from whom payment is sought has a pending claim.

Under the new law, a "health care provider" is any person or organization licensed or certified to provide health care services, including (1) institutions such as hospitals, hospice facilities, residential care homes, nursing homes, home health care agencies, and assisted living agencies and (2) state-run health care institutions or facilities.

By law, OVS may determine and allow reasonable attorney's fees up to 15% of a victim's compensation award. The new law requires the victim's attorney to (1) pay providers as documented by OVS, (2) communicate with them regarding outstanding balances after attorney's fees are deducted, and (3) ensure payment to such providers ([PA 17-99, §§ 24 & 38](#), effective October 1, 2017).



## **Phlebotomists**

### ***Certification***

A new law specifically allows individuals practicing as phlebotomists in Connecticut to obtain phlebotomist certification from certain national organizations. A related new law requires a phlebotomist to act under an order of a physician, physician assistant, advanced practice registered nurse, or podiatrist ([PA 17-23](#), as amended by [PA 17-234](#), effective October 1, 2017).

### ***Administering A Saline Flush to an Intravenous Line***

A new law sets conditions under which phlebotomists at a hospital may flush a peripherally inserted intravenous line (“peripheral IV”) with prepackaged normal saline in a single use pre-filled syringe ([PA 17-234](#), effective October 1, 2017).

## **Prescription Drugs**

### ***Antitrust Cases Against Drug Manufacturers***

A new law makes two related changes concerning antitrust cases against companies that sell, distribute, or otherwise dispose of drugs or medical devices (e.g., drug manufacturers).

It allows purchasers of these products who did not buy directly from the defendant company (indirect purchasers) to recover against the defendant for an antitrust violation. But it allows a defendant, in order to avoid duplicative liability related to an alleged overcharge, to prove that all or part of the overcharge was passed on by someone else in the chain of manufacture, production, or distribution of the drug or device ([PA 17-241, § 2](#), effective upon passage).

### ***Limits on Prescription Drug Payments***

Starting January 1, 2018, a new law prohibits a health carrier or pharmacy benefits manager from requiring an individual to pay for a covered prescription medication in an amount greater than the lesser of the (1) applicable copayment, (2) allowable claim amount (i.e., the amount the health carrier or pharmacy benefits manager agreed to pay the pharmacy for the prescription), or (3) amount an individual would pay for the drug if he or she paid without using an insurance plan or other source of drug benefits or discounts ([PA 17-241, § 1](#), effective October 1, 2017).

## ***Pharmacy Services Contracts***

Starting January 1, 2018, a new law prohibits a pharmacy services contract entered into between a (1) pharmacist or pharmacy and (2) health carrier (e.g., insurer or HMO) or pharmacy benefits manager from containing a provision prohibiting or penalizing a pharmacist's disclosure of certain information (e.g., therapeutic alternatives or less expensive purchasing methods) to an individual purchasing prescription medication.

A contract that violates the new law is void and unenforceable and any contract provision rendered as such does not affect remaining provisions. The new law also makes any general business practice that violates its provisions an unfair trade practice under the Connecticut Unfair Trade Practices Act.

Additionally, it grants the insurance commissioner authority to enforce the law and audit pharmacy services contracts for compliance ([PA 17-241, § 1](#), effective October 1, 2017).

## ***Prescription Drug Collection and Disposal***

Many municipal police departments have drop boxes to collect unused prescription drugs. A new law requires the consumer protection commissioner to adopt regulations on allowing a certain number of licensed pharmacies to also accept and dispose of unused prescription drugs. It specifically requires the regulations to allow for disposal agreements with law enforcement authorities ([PA 17-109](#), effective upon passage).

## ***Prescription Opioid Drug Abuse***

Like many other states, Connecticut is facing an increase in the number of emergency room visits and drug overdose deaths involving opioid analgesics (e.g., prescription painkillers such as oxycodone, hydrocodone, and fentanyl).

A new law includes several measures to address this issue, such as (1) generally reducing, from a seven-day to a five-day supply, the maximum amount of opioid drugs a minor may be prescribed; (2) allowing a prescribing practitioner to issue a standing order (i.e., non-patient specific prescription) to a licensed pharmacist for an opioid antagonist; and (3) requiring certain health insurers to cover specified medically necessary, inpatient detoxification services for an insured diagnosed with a substance use disorder ([PA 17-131](#), various effective dates).

## **Task Forces, Boards, Commissions, and Studies**

### ***Advisory Board for Persons Who Are Deaf or Hard of Hearing***

The legislature renamed the Commission on the Deaf and Hearing Impaired as the “Advisory Board for Persons Who are Deaf or Hard of Hearing” and reduced its membership from 21 members (including three non-voting and seven state agency heads) to 16 members, all of whom are voting members and appointed by the governor ([PA 17-30](#), as amended by [PA 17-146, §§ 25-27](#), effective upon passage).

### ***Community Health Worker Study***

A new law establishes a statutory definition for a “community health worker,” and based on that definition, requires the director of the State Innovation Model Initiative Program Management Office to study the feasibility of creating a community health worker certification program. The director must report on the study to the Public Health and Human Services committees by October 1, 2018 ([PA 17-74](#), effective October 1, 2017).

### ***DPH Interagency and Partnership Advisory Panel on Lupus***

A new law eliminates DPH's 13-member Interagency and Partnership Advisory Panel on Lupus. The panel has completed its charge to develop and implement a comprehensive lupus education and awareness plan after evaluating and analyzing existing educational materials and resources ([PA 17-146, §48](#), effective October 1, 2017).

### ***Medical Records Task Force***

A new law extends by one year, until January 1, 2018, the reporting deadline for the Medical Records Task Force ([PA 17-146, § 44](#), effective upon passage).

### ***Mobile Integrated Health Care Program Working Group***

A new law requires DPH, within available appropriations and in consultation with the insurance and social services departments, to convene a working group to implement a mobile integrated health care program. The program must allow a paramedic to provide community-based health care (i.e., using patient-centered, mobile resources outside the hospital) within his or her scope of practice and make recommendations regarding non-emergency transportation EMS providers.

Under the new law, the DPH commissioner must report the working group's findings and recommendations to the Human Services, Insurance, and Public Health committees by January 1, 2019 ([PA 17-146, § 45](#), effective upon passage).

### ***PANDAS/PANS Advisory Council***

A new law eliminates DPH's 16-member Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorder Associated With Streptococcal Infections and Pediatric Neuropsychiatric Syndrome (PANDAS/PANS). (It appears that the council is already defunct.) The council advised the commissioner on research, diagnosis, treatment, and education relating to these conditions and was required to annually report to the Public Health Committee ([PA 17-146, §48](#), effective October 1, 2017).

### ***Physicians and Small Business Express Program (EXP) Study***

A new law requires the Department of Economic and Community Development (DECD) commissioner, in consultation with the Connecticut State Medical Society, to review the EXP loan application process and, if necessary, modify it to facilitate and reduce unnecessary barriers to physician and physicians' office participation in the program.

DECD must report the review's findings, results, and any proposed EXP modifications to the Commerce and Public Health committees by January 1, 2018. EXP provides grants and loans to small businesses in the state for specified purposes, such as purchasing machinery and equipment ([SA 17-22](#), effective upon passage).

### ***Public Health Prevention Task Force***

A new law establishes an eight-member Public Health Prevention Task Force, which must, among other things, examine and make recommendations for improvements to insurance coverage for prescribed preventive measures, including (1) health assessments, treatments, health care services and (2) any equipment required to administer these preventive measures. The task force must report its findings and recommendations to the Public Health Committee by July 1, 2018 ([SA 17-17](#), effective upon passage).

### ***Psychiatry Workforce Task Force***

The legislature established a 12-member task force to study the projected shortage in Connecticut's psychiatry workforce, including examining the causes of and potential solutions to avoid or reduce the projected shortage. The task force must report to the Public Health Committee by July 1, 2018 ([PA 17-146, § 46](#), effective upon passage).

## ***Quality of Care Advisory Committee***

A new law allows the DPH commissioner to decide when the Quality of Care Advisory Committee must meet, thus eliminating the requirement that it meet semiannually ([PA 17-146, § 17](#), effective October 1, 2017).

## ***Rare Disease Task Force***

A new law adds the Public Health Committee chairpersons, or their designees, to the Rare Disease Task Force and extends its reporting deadline from January 1, 2016 until January 1, 2018 ([PA 17-146, § 23](#), effective upon passage).

## ***Women, Infants and Children (WIC) Advisory Council***

A new law eliminates the WIC Advisory Council (which was already defunct in practice). The council was formed to advise DPH on issues concerning increased participation in and access to WIC supplemental food services ([PA 17-146, § 21](#), effective October 1, 2017).

## ***Review of Nonprofit Provider Licensure and Certification***

The Office of Policy and Management secretary must now convene a working group to review the licensure and certification process for certain nonprofit health and human services providers, including substance abuse treatment facilities and outpatient clinics, among others.

The working group must submit to the Children's, Government Administration and Elections, Human Services, and Public Health Committees its (1) preliminary findings and recommendations by September 15, 2017 and (2) final report by December 31, 2017 ([SA 17-21](#), effective upon passage).

## **Vision Care Services**

### ***Contact Lens Prescriptions***

A new law prohibits optometrists and ophthalmologists from (1) using information obtained from a test using a "remote refractive device" (such as a smartphone app) as the sole basis for issuing or renewing an initial prescription for contact lenses and (2) issuing or renewing an initial prescription for contact lenses without having performed an in-person evaluation and eye examination of the patient ([PA 17-115](#), effective October 1, 2017).

## ***In-School Vision Screenings***

A new law allows an automated screening device to be used in public school vision screenings and considers the device to be equivalent to a Snellen chart. Additionally, if a child is found to have a vision defect or eye disease during an in-school screening, the new law requires superintendents to recommend in writing to a student's parents or guardians that the student be examined by a licensed optometrist or ophthalmologist ([PA 17-173, § 5](#), effective July 1, 2017).

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