



Acts Affecting Health Professions

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Notice to Readers

This report provides summaries of new laws affecting health professions enacted during the 2018 regular session. Each summary indicates the public act (PA) or special act (SA) number. The report does not cover acts that were vetoed unless they were overridden. 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.oler/OLRPASums.asp>.

The report generally includes acts that affect the licensure and scope of practice of health care professionals, regulation of health care facilities, and the delivery of health care services.

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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Advisory Committees and Task Forces

DMHAS Facility Task Force

A new law establishes an eight-member task force to, among other things, (1) review and evaluate Department of Mental Health and Addiction Services (DMHAS) facility operations and conditions, including those of Connecticut Valley Hospital and Whiting Forensic Hospital; (2) evaluate the feasibility of creating an Office of Inspector General to receive and investigate complaints about DMHAS hospitals; and (3) examine complaints and other reports of discriminatory employment practices at these hospitals.

The task force must submit to the Public Health Committee a (1) preliminary report on its findings and recommendations by January 1, 2019, and (2) final report by January 1, 2021. The task force terminates on the date it submits the final report or January 1, 2021, whichever is later ([PA 18-86](#), effective upon passage).

Intellectual Disability Task Force

A new law creates a task force to study (1) the short-term and long-term needs of adults with intellectual disability, including such adults with significant behavioral health issues or aging-related issues (e.g., dementia) and (2) ways to provide the needed services and support. The group must report its findings and recommendations to the Public Health Committee by January 1, 2019 ([SA 18-2](#), § 1, effective upon passage).

School-Based Health Center (SBHC) Advisory Committee

A new law adds three members to the SBHC Advisory Committee, increasing its membership from 17 to 20. By law, the committee advises the Department of Public Health (DPH) commissioner on matters relating to (1) minimum standards for providing services in SBHCs and expanded school health sites, (2) statutory and regulatory changes to improve health care through access to SBHCs, and (3) other topics the commissioner requests ([PA 18-168](#), § 5, effective October 1, 2018).

Child and Maternal Health

Amniotic Fluid Embolism (AFE) Education

Under a new law, DPH, by January 1, 2019, must develop and post on its website educational materials for health care professionals on AFE, an unpreventable, and often fatal, pregnancy complication. The department must distribute the educational materials by July 1, 2019, to the following entities to distribute to their members and post on their websites: the Connecticut State

Medical Society, American College of Nurse-Midwives' Connecticut Affiliate, Connecticut Advanced Practice Registered Nurse Society, Connecticut Nurses Association, and Connecticut Hospital Association. DPH must also provide the materials to each Connecticut medical school for dissemination to its students.

The new law also requires DPH to provide the educational materials to the Public Health Committee by July 1, 2019 ([PA 18-168](#), effective upon passage).

Inmate Pregnancy Assessment by Licensed or Contracted Health Care Provider

A new law establishes various health care provider requirements that specifically apply to pregnant inmates. Among other things, it requires (1) the Department of Correction commissioner to ensure that at least one health care provider employed at York Correctional Institution has certain specialized training and knowledge related to pregnancy and childbirth and (2) such a licensed health care provider to assess each inmate for pregnancy when admitted to the correctional institution ([PA 18-4](#), § 1, effective October 1, 2018).

Maternal Mortality Review Program and Committee

A new law establishes a Maternal Mortality Review Program within DPH to identify maternal deaths in Connecticut and review related medical records and other relevant data. It also establishes a Maternal Mortality Review Committee within the department to conduct comprehensive, multidisciplinary reviews of maternal deaths to identify associated factors and make recommendations to reduce these deaths. The committee must report its findings and recommendations to the DPH commissioner within 90 days after meeting.

Under the new law, a maternal death is the death of a woman (1) while pregnant or (2) within one year after the date when the woman ceases to be pregnant, regardless of whether the death is related to her pregnancy ([PA 18-150](#), effective October 1, 2018).

Pregnant Patients and Living Wills

A new law that allows pregnant women age 18 or older to exercise living wills and other advance directives also extends certain related laws to them, including one setting the conditions under which certain health care providers may not be held liable for the removal of a patient's life support ([PA 18-11](#), effective upon passage).

Safe Care of Substance Exposed Newborns

By January 1, 2019, a new law requires the Department of Children and Families (DCF) commissioner to develop guidelines for the safe care of high-risk newborns born with signs indicating prenatal substance exposure or fetal alcohol syndrome. The guidelines must instruct health care providers on their participation in the discharge planning process, including creating written safe care plans between the provider and the newborn's mother.

Under the new law, a provider involved in delivering or caring for a substance exposed newborn must notify DCF of the newborn's condition. The law applies to the following licensed health care providers: physicians, surgeons, homeopathic physicians, physician assistants, nurse-midwives, practical nurses, registered nurses, and advanced practice registered nurses ([PA 18-111](#), § 5, effective July 1, 2018).

Safe Haven Law

Under the state's safe haven law, a parent may voluntarily surrender custody of an infant to a hospital within 30 days of the infant's birth. Under prior law, if a mother wished to do so while she was still in the hospital following childbirth, she had to provide written notice on a DCF-prescribed form to a health care provider at the hospital. A new law eliminates the requirement that the mother provide the notice in writing and correspondingly eliminates the requirements that the (1) hospital retain the written notice in the mother's file separate from her other records and (2) provider disclose the written notice's contents only with the mother's consent ([PA 18-67, § 3](#), effective July 1, 2018).

School Oral Health Assessments

A new law requires local and regional boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The assessment may be conducted by a:

1. dentist or dental hygienist or
2. physician, physician assistant, or an advanced practice registered nurse, if he or she is trained in conducting such assessments as part of a DPH-approved training program.

If a dentist conducts the assessment, it must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

The new law also establishes related requirements on parental consent, assessment forms, notification, and records access ([PA 18-168](#), §§ 80 & 81, as amended by [PA 18-169](#), § 44, both effective July 1, 2018).

Dental Professionals

Dental Assistants and Fluoride Varnish

Under a new law, dentists may delegate to dental assistants the provision of fluoride varnish treatments. As with other procedures that a dentist delegates to a dental assistant, the treatments must be performed under direct supervision, and the supervising dentist must assume responsibility for the procedure ([PA 18-168](#), §§ 83 & 84, effective October 1, 2018).

Dental Hygienists' Practice Without Supervision

A new law permits dental hygienists with two years of experience to practice without a dentist's general supervision at senior centers, managed residential communities (e.g., assisted living facilities), or licensed child care centers.

Hygienists with two years of experience can already practice without such supervision at various other settings. As is already the case for unsupervised practice at such other settings, hygienists practicing at senior centers, managed residential communities, or licensed child care centers must refer to a dentist any patients with needs outside of the hygienist's scope of practice. Such hygienists may also substitute eight hours of volunteer practice at such settings for one hour of continuing education, up to a maximum of five hours in a two-year period ([PA 18-168](#), §§ 4 & 82, effective October 1, 2018, except that the provision on child care centers takes effect July 1, 2018).

Dentist Licensure by Endorsement

This year, the legislature passed a law modifying the conditions under which DPH may issue a license, without examination, to a dentist licensed outside of Connecticut. It allows the department to issue a license to such a dentist who has worked in another state or territory for the past five years, even if the other jurisdiction does not require a practical examination for licensure ([PA 18-168](#), § 18, effective October 1, 2018).

Office of Oral Public Health

Prior law required the director of DPH's Office of Oral Public Health to be a licensed dentist or dental hygienist with public health experience. A new law also allows someone with the following qualifications to serve as the director: (1) a person with an allopathic or osteopathic medical degree or (2) a public health professional with a graduate degree in public health ([PA 18-168](#), § 50, effective October 1, 2018).

Emergency and End of Life Care

Advanced Practice Registered Nurses (APRNs) and Advance Directives

A new law that incorporates APRNs into the laws on living wills and other advance directives extends to APRNs the authority to perform certain functions that previously could be performed only by a physician or, in some cases, other specified providers. For example, it provides in advance directive standard forms that an APRN, not just a physician, may make the determination that a patient is suffering from a terminal condition ([PA 18-168](#), §§ 34-39, effective October 1, 2018).

Burial and Cremation Permit Fee Increases

A new law increases, from \$3 to \$5, the fee municipalities must charge for burial and cremation permits ([PA 18-136](#), § 5, effective July 1, 2018).

Death Certificates

A new law allows any adult to access all data listed on a death certificate, except it continues to restrict access to the Social Security number to only certain parties (such as the surviving spouse or town clerk), as under prior law. Under prior law, certain other information on death certificates, such as the decedent's occupation and race, was restricted to only certain parties ([PA 18-168](#), § 6, effective October 1, 2018).

Emergency Medical Services (EMS) Data

Existing law requires the DPH commissioner to report to the EMS Advisory Board on specified EMS call data categorized by municipality, such as the total number of calls by each ambulance service and the call response times. A new law requires the commissioner to report the data annually, starting by December 31, 2018.

It also requires the commissioner, with the board's recommendation, to adopt for use in trauma data collection the most recent version of specified national standards and guidelines ([PA 18-168](#), § 17, effective October 1, 2018).

Funeral Directors and Embalmers: Continuing Education

Under specified conditions, a new law allows funeral directors and embalmers whose national board examination scores were invalidated to complete 45 extra hours of continuing education, instead of retaking the examination, in order to avoid disciplinary action ([PA 18-25](#), § 9, effective upon passage).

Funeral Directors and Embalmers: Disputes on Final Dispositions

A new law establishes requirements for funeral directors and embalmers when there is a dispute regarding the final disposition of a decedent's remains. Among other things, it (1) generally allows funeral directors or embalmers to preserve and shelter a decedent's remains while parties are disputing; (2) allows them to add to the final disposition costs, legal fees for petitioning the court or preserving remains during a dispute; and (3) grants them immunity against civil and criminal liability under certain conditions.

The new law also prohibits a person with disposition rights after a decedent's death from cancelling or substantially revising the funeral service contract's disposition directions and funeral pre-arrangements unless (1) the financial resources set aside to fund the contract are insufficient to implement these provisions and (2) the probate court approved the cancellation or revision ([PA 18-153](#), effective July 1, 2018).

Funeral Home Licenses and Inspections

A new law updates terminology regarding the regulation of funeral homes, requiring homes to obtain a "license" instead of an "inspection certificate." It also decreases the required frequency of DPH inspections of funeral homes, from annually to at least once every three years ([PA 18-168](#), §§ 30-33, effective October 1, 2018).

Health Care Facilities

Ambulatory Surgical Center (ASC) Tax Exclusion

Beginning July 1, 2019, a new law (1) excludes from the ASC tax gross receipts from any Medicaid or Medicare payments the ASC receives and (2) specifies that the existing exclusion for the first \$1 million of an ASC's gross receipts excludes Medicaid and Medicare payments ([PA 18-170](#), § 1, effective July 1, 2018).

Freestanding Emergency Departments and Urgent Care Centers

A new law requires freestanding emergency departments to (1) clearly identify themselves as hospital emergency departments and (2) post signs with certain information, such as the hospital's name and whether the facility includes an urgent care or primary care center. The new law also specifies that the existing exception from limits on allowable facility fees applies to freestanding emergency departments as defined in the act.

The new law also modifies the definition of "urgent care center" for purposes of licensing such centers. For example, it (1) specifies certain services (such as diagnostic imaging) that a facility must offer for it to be considered an urgent care center and (2) removes the requirement that a facility be freestanding to be considered an urgent care center ([PA 18-149](#), effective October 1, 2018).

Health Care Associated Infections

A new law makes several changes to DPH's mandatory reporting system of health care associated infections, including (1) expanding the system's scope to include antimicrobial resistance and a broader range of health care facilities, (2) requiring the system to be based on nationally recommended standards, (3) adding to the membership of the advisory committee on such matters, and (4) requiring DPH to annually post certain related information online rather than annually reporting on the system ([PA 18-168](#), §§ 12 & 13, effective October 1, 2018).

Health Care Institution Correction Plan

Under a new law, a DPH-licensed health care institution has 10 business days, rather than 10 calendar days, to submit a correction plan if a DPH inspection finds the institution is out of compliance with applicable laws or regulations ([PA 18-168](#), § 11, effective October 1, 2018).

Institutional Licensing Applications

A new law prohibits DPH from requiring a health care institution licensure application to be notarized ([PA 18-168](#), § 40, effective October 1, 2018).

Office of Health Care Access Transfer

A new law transfers, from DPH to the Office of Health Strategy (OHS), administration of the Office of Health Care Access and renames the office the Health Systems Planning Unit. Among other things, the office administers the state's certificate of need (CON) program for health care institutions.

Under the CON law, health care facilities must generally receive state approval when (1) establishing new facilities or services, (2) changing ownership, (3) acquiring certain equipment, or (4) terminating certain services ([PA 18-91](#), effective upon passage).

Office of Health Strategy

PA 17-2, JSS established OHS, headed by an executive director appointed by the governor with confirmation by the House or Senate. It placed the office in DPH for administrative purposes only and made it the successor to the:

1. Connecticut Health Insurance Exchange for administering the all-payer claims database and
2. lieutenant governor's office for (a) consulting with DPH to develop a statewide chronic disease plan; (b) housing, chairing, and staffing the Health Care Cabinet; and (c) appointing the state's health information technology officer and overseeing the officer's duties.

A new law effectuates OHS's establishment by making minor, technical, and conforming changes to various statutes ([PA 18-91](#), various effective dates).

Regulation of Whiting Forensic Hospital

In December 2017, the governor issued Executive Order 63, which designated the Whiting Forensic Hospital as an independent division within DMHAS, instead of a division of Connecticut Valley Hospital.

A new law makes various changes affecting Whiting Forensic Hospital, such as (1) subjecting the hospital to DPH licensure and regulation; (2) requiring DPH, by January 1, 2019, to conduct an on-site inspection and records review of the hospital; and (3) establishing the mandatory reporting and investigation of suspected patient abuse at DMHAS-operated behavioral health facilities ([PA 18-86](#), various effective dates).

Sexual Assault Evidence Collection Procedures

A new law requires, among other things, health care facilities that collect sexual assault evidence to contact a sexual assault counselor when a person who identifies himself or herself as a sexual assault victim arrives at the facility. The new law also requires the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations to advise the Chief State's Attorney on establishing a mandatory training program for health care facility staff on the kit-tracking software. ([PA 18-83](#), effective July 1, 2018).

Health Insurance

Connecticut AIDS Drug Assistance and Insurance Premium Assistance Programs

Notwithstanding certain state medical assistance laws, a new law permits DPH, within available resources, to administer the Connecticut AIDS Drug Assistance Program and Connecticut Insurance Premium Assistance Program. It requires all rebates and refunds from the programs to be paid to DPH ([PA 18-168](#), § 72, effective July 1, 2018).

Insurance Coverage for Contraception

A new law requires certain health insurance policies to cover a 12-month supply of an FDA-approved contraceptive drug, device, or product when prescribed by a licensed physician, physician assistant, or advanced practice registered nurse, unless the insured person or prescribing provider requests less than a 12-month supply. A 12-month supply may be dispensed at one time or at multiple times, but an insured person cannot receive a 12-month supply more than once per policy year ([PA 18-10](#), §§ 11 & 12, effective January 1, 2019).

Insurance Coverage for Prosthetic Devices

A new law requires certain health insurance policies to cover prosthetic devices, and medically necessary repairs and replacements to them, subject to specified conditions. A prosthetic device is an artificial device to replace all or part of an arm or leg, including one with a microprocessor if the patient's health care provider determines it is medically necessary. Coverage must be at least equivalent to the coverage Medicare provides for such devices, but a policy may limit coverage to a device that the patient's health care provider determines is most appropriate to meet his or her medical needs ([PA 18-69](#), effective January 1, 2019).

Provider Network Change Notifications

A new law increases, from 60 to 90 days, the amount of advanced notice a health carrier and participating provider must provide each other before the carrier removes a provider from, or the provider leaves, the network ([PA 18-115](#), effective July 1, 2018).

Health Professionals

Alcohol and Drug Counselors

A new law updates statutory definitions and licensure requirements for alcohol and drug counselors. Among other things, it:

1. distinguishes between the scope of practice of alcohol and drug counselors who are licensed and those who are certified and
2. specifies that the practical training and paid work experience required for licensure or certification must be supervised by a licensed alcohol and drug counselor or other licensed mental health professional whose scope of practice includes screening, assessing, diagnosing, and treating substance use disorders and co-occurring disorders ([PA 18-168](#), § 55, effective October 1, 2018).

Art Therapists

A new law increases the minimum education requirement for art therapists by requiring them to obtain a graduate degree, instead of a bachelor's degree, in art therapy or a related field from an accredited higher education institution ([PA 18-168](#), § 74, effective October 1, 2018).

Certification Program for Community Health Workers

A new law transfers, from the State Innovation Model Initiative Program Management Office to the Office of Health Strategy executive director, responsibility for studying the feasibility of creating a certification program for community health workers. The executive director must report the study results and recommendations to the Public Health and Human Services committees by October 1, 2018 ([PA 18-91](#), effective upon passage).

Certified Food Protection Managers

By law, Class 2, Class 3, and Class 4 food establishments must employ a “certified food protection manager.” A new law requires a food establishment's owner or manager to designate an alternate person to be in charge whenever the certified food protection manager is absent. Among other things, the alternate person must ensure that emergencies are properly managed, food inspectors are admitted to the establishment upon request, and he or she receives and signs inspection reports ([PA 18-168](#), effective October 1, 2018).

Doctors of Physical Therapy

Under a new law, it is a class D felony for someone without the proper credentials to refer to himself or herself as a “Doctor of Physical Therapy” or “D.P.T.” ([PA 18-168](#), § 67, effective July 1, 2018).

Marriage and Family Therapy, Professional Counseling, and Psychology Students

A new law modifies the length of time during which marriage and family therapy, professional counseling, and psychology students may practice without a license in order to complete the supervised work experience required for licensure.

It allows these graduates to practice in this unlicensed capacity for up to two years after completing the supervised work experience, if they failed the respective licensing exam.

Under prior law, professional counseling and psychology students could practice in this manner until they were notified that they failed the respective licensing examination, or one year after completing the supervised work experience, whichever occurred first. For marital and family therapy students, prior law did not specify that the licensure exemption ended on the earlier of these two dates ([PA 18-168](#), §§ 42-45, effective October 1, 2018).

Massage Therapists

A new law makes various changes affecting massage therapists, including:

1. starting October 1, 2019, increasing, from 500 to 750, the number of classroom hours an applicant for an initial license or a license by endorsement (i.e., a person licensed in another state) must complete upon graduating from an accredited massage therapy school;
2. requiring such applicants to complete at least 60 hours of unpaid, supervised clinical or internship experience;
3. requiring licensed massage therapists who provide direct patient care to maintain professional liability insurance of at least \$500,000 per person per occurrence, and \$1 million aggregate; and
4. generally allowing out-of-state massage therapists to provide voluntary, supervised services at the invitation of the emergency division of the American Massage Therapy Association Connecticut Chapter's Community Service Massage Team ([PA 18-168](#), effective October 1, 2019, except the provision on voluntary services by out-of-state massage therapists takes effect October 1, 2018).

Nondisclosure of Personnel Records

A new law prohibits DPH, unless required by federal law, from disclosing personnel records it receives during an investigation of a person the department licenses, certifies, or regulates. It provides that such records are not subject to disclosure under the Freedom of Information Act. These provisions already apply to patient medical records DPH receives during an investigation or disciplinary proceeding ([PA 18-168](#), §§ 2 & 3, effective October 1, 2018).

Nuclear Medicine Technologists

Existing law specifies that the radiographer licensure statutes do not prohibit a nuclear medicine technologist from fully operating a CT or magnetic resonance imaging (MRI) portion of a hybrid-fusion imaging system, including diagnostic imaging, in conjunction with a (1) positron emission tomography or (2) single-photon emission CT imaging system.

To do this, the technologist must (1) hold and maintain in good standing CT or MRI certification from the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) and (2) have successfully completed the individual certification exam for CT or MRI. A new law allows technologists to complete the certification exam administered by the NMCTB, instead of just the ARRT ([PA 18-168](#), effective October 1, 2018).

Physician Assistant (PA) Orders

A new law specifies that a PA does not have the authority to order an APRN to administer a controlled substance ([PA 18-168](#), § 54, effective upon passage).

Podiatric Ankle Surgery

A new law modifies the process and qualifications for podiatrists seeking to independently engage in ankle surgery. It eliminates the prior requirement for podiatrists to obtain a DPH permit (separate from their license) to perform such surgery. Instead, it allows podiatrists to independently engage in ankle surgery if they provide documentation to DPH of having met specified qualifications.

Among other changes, this new law also (1) modifies the qualifications for podiatrists seeking to engage in supervised ankle surgery and (2) specifies that a podiatrist's privileges and scope of practice for foot surgery are not impacted by his or her privileges and scope of practice for ankle surgery ([PA 18-168](#), §§ 69-71, effective October 1, 2018, except a conforming change is effective July 1, 2018).

Provider Evaluations in Family-Relations Matters

A new law establishes a process for selecting qualified, licensed health care providers in family relations matters involving court-ordered treatment or evaluation of parents and children. The new law establishes the (1) components of the court order and (2) deadline by which the provider must file a report containing the results of the evaluation with the court ([PA 18-177](#), effective October 1, 2018).

Respiratory Care Therapists

A new law makes various changes affecting respiratory care therapists, including:

1. expanding and updating their scope of practice to include, among other things, monitoring and maintaining extracorporeal life support, including extracorporeal membrane oxygenation (“ECMO”) and extracorporeal carbon dioxide removal in appropriately identified health care settings (e.g., adult, pediatric, and neonatal intensive care units), if the practitioner meets specified standards;
2. making minor changes to update licensure requirements; and
3. increasing annual continuing education requirements from six to 10 hours, at least five of which must include real-time education with opportunities for live interaction (e.g., in-person phone conferences or real-time webinars) ([PA 18-168](#), §§ 75-78, effective January 1, 2019).

School Social Workers

A new law specifies that if someone holds a professional educator certificate with a school social worker endorsement, the person may use the title “school social worker” to describe his or her activities while working at a public or private school, even if the person is not licensed as a social worker by DPH ([PA 18-168](#), § 10, effective October 1, 2018).

Supervision of Physician Assistants

A new law allows a physician to serve as the supervising physician for more than six full-time PAs or the part-time equivalent ([PA 18-168](#), § 79, effective July 1, 2018).

Intellectual Disability Services

Department of Developmental Services (DDS) Background Search Program

Existing law requires DDS to conduct state criminal background checks on any job applicant that will provide direct services to people with intellectual disability. A new law also subjects these job applicants to fingerprint and national criminal background checks.

The new law also allows DDS to subject private providers licensed or funded by the department to state criminal background checks. Prior law allowed DDS to subject private subcontractors to these checks.

Additionally, the new law allows DDS and private providers to employ applicants on a conditional basis until they receive and review the background check results, which prior law prohibited ([PA 18-168](#), effective October 1, 2018).

DDS Service Providers

A new law makes numerous changes in statutes governing DDS and related matters, such as:

1. allowing the DDS commissioner to waive the \$50 application fee for private providers applying for a license to operate DDS community living arrangements (i.e., group homes);
2. specifying that such licensure applications do not need to be notarized, but must be verified by oath, as under prior law; and
3. allowing an APRN to order, or provide a second opinion on, a properly executed medical order to withhold cardiopulmonary resuscitation (“CPR”) for an individual with intellectual disability under DDS supervision ([PA 18-32](#), various effective dates).

Private Provider Wage Increase

A new law allows the Office of Policy and Management (OPM) secretary to allocate available FY 19 funds to increase the wages of DDS private providers of employment, day, and behavioral services and group home services. The providers must document to OPM, by December 1, 2018, that the funds will be used only for (1) increasing employees’ minimum wage to at least \$14.75 per hour by January 1, 2019, and (2) providing up to a 5% wage increase to employees earning between \$14.76 and \$30.00 per hour by January 1, 2019.

Additionally, OPM must reimburse the providers, within available appropriations, for the cost of employer taxes, increased benefits, and other costs associated with the wage increase ([SA 18-5](#), effective upon passage).

Residential Services Pilot Program

A new law requires DDS to establish, within available appropriations, up to three pilot programs that use alternative service models for people with intellectual disability who are eligible and waiting for DDS residential services. The programs must establish and evaluate alternative service models in which people receiving residential services may move, with the consent of the person or the person's legal representative, into more independent, less restrictive settings.

DDS must (1) choose up to three qualified service providers to participate in the pilot program and (2) work in collaboration with advocacy and nonprofit stakeholder organizations in establishing the program. The program terminates by July 1, 2021, unless the legislature reauthorizes it. DDS must annually report on the program until it concludes ([SA 18-2](#), § 2, effective July 1, 2018).

Long-Term Care

DPH Long-Term Care Facility Background Search Program

By law, DPH administers a comprehensive criminal history and patient abuse background search program that facilitates background searches on people who have direct access to long-term care facility residents (i.e., employees and volunteers).

A new law exempts from the program's requirements intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs) operated by DDS that are already subject to background checks under existing law. It also exempts DPH background search program records and information from disclosure under the Freedom of Information Act ([PA 18-168](#), § 51, effective October 1, 2018).

Nursing Home and Residential Care Home Information

A new law eliminates a requirement for DPH to annually publish a report that lists and classifies all nursing homes and residential care homes in the state, and instead requires the department to post the information on its website. It requires the posted information to include the number and effective date of the license and the address for each facility. It does not require posting other information previously required for the published report, such as the total number of beds, number of private and semiprivate rooms, and per diem cost for private patients ([PA 18-168](#), § 16, effective October 1, 2018).

Nursing Home Reportable Events

A new law requires DPH to develop a system for nursing homes to electronically report to the department “reportable events” (i.e., events DPH deems to require immediate notification). DPH must do this by January 1, 2019, after which nursing homes must report the events using the electronic system ([PA 18-168](#), § 73, effective July 1, 2018).

Office of the Long-Term Care Ombudsman

A new law transfers the Office of the Long-Term Care Ombudsman from OPM to the Department of Rehabilitative Services and makes various changes to the office to comply with recent Older Americans Act regulations. Among other things, it (1) adds to the conditions under which the state ombudsman may remove a resident advocate from his or her position and (2) specifies that the office serves all long-term care facility residents, regardless of age ([PA 18-6](#) and [PA 18-169](#), §§ 24-28, both effective upon passage).

Mandatory Reporting of Abuse and Neglect

Behavior Analysts as Mandated Reporters

A new law adds licensed behavior analysts to the statutory list of mandated reporters of suspected child abuse and neglect. As mandated reporters they must make such a report when, in the ordinary course of their employment or profession, they have reasonable cause to believe or suspect that a child under age 18 has been abused, neglected, or placed in imminent risk of serious harm. A mandated reporter who fails to report may be subject to criminal penalties ([PA 18-17](#) effective July 1, 2018).

Another new law makes licensed behavior analysts mandated reporters of suspected abuse and neglect of individuals (1) with an intellectual disability or (2) served by the Department of Social Services' (DSS) Division of Autism Spectrum Disorder Services (see below)([PA 18-96](#), effective July 1, 2018).

Electronic Reporting Pilot Program

Existing law requires people in certain professions and occupations that have contact with children or whose primary focus is children to report suspected child abuse or neglect (i.e., mandated reporters) and specifies how they must do so. This includes certain health professionals (e.g., physicians, dentists, nurses).

A new law permits DCF, within existing appropriations, to establish a pilot program from July 1, 2018, to September 30, 2019, to permit certain mandated reporters to fulfill their responsibilities by submitting a report electronically to DCF or law enforcement, as appropriate, when they have reasonable cause to suspect or believe that a child is abused, neglected, or at imminent risk of harm.

Starting October 1, 2019, the new law allows all mandated reporters of child abuse or neglect to electronically file their reports in a manner the commissioner prescribes, provided the reporter must respond to further inquiries the department makes within 24 hours of the report ([PA 18-67](#), effective July 1, 2018, except the provisions that allows mandated reporters statewide to file reports electronically are effective October 1, 2019).

Immunity from Liability in a Child Abuse or Neglect Case

A new law provides immunity from civil and criminal liability to any person, institution, or agency that, in good faith, provides professional medical intervention or assistance in any proceeding involving child abuse or neglect. The immunity applies to liability that might otherwise arise from or is related to certain specified actions (e.g., performing a medically relevant test).

The new law also eliminates immunity from civil or criminal liability for any person, institution, or agency that, in good faith, does not report suspected child abuse or neglect or alleged sexual assault of a student to DCF or law enforcement in compliance with the state's mandated reporter laws ([PA 18-57](#), effective July 1, 2018, and applicable to any civil action pending or filed on or after that date).

Individuals with Intellectual Disability or Autism Spectrum Disorder

A new law reduces, from 72 to 48 hours, the amount of time a mandated reporter has to report the suspected abuse or neglect of a person (1) with an intellectual disability or (2) receiving DSS Division of Autism Spectrum Disorder Services. Existing law, unchanged by the act, imposes a fine of up to \$500 on anyone who violates the reporting requirement. Mandated reporters generally include health professionals, certain people working in schools, and police officers ([PA 18-96](#), effective July 1, 2018).

Patient Abuse at DMHAS Behavioral Health Facilities

A new law creates a new category of mandated reporter for abuse of patients at DMHAS-operated facilities that provide mental health or substance use disorder services to adults (i.e., "behavioral health facilities"). Under the new law, a mandatory reporter for this purpose is (1) anyone paid to

provide direct care to patients at such a facility or (2) any licensed health care provider who is an employee, contractor, or consultant of such a facility. It also sets procedural requirements for the mandatory reporting and penalties for noncompliance ([PA 18-86](#), §§ 2 & 3, effective upon passage).

Medicaid

Ambulatory Surgical Center Pilot Program

A new law requires the DSS commissioner, in consultation with the Connecticut Association of Ambulatory Surgical Centers, to establish a pilot program to study ways of increasing access to, and decreasing the cost of, medical care under the Medicaid program by having certain medical procedures performed at ASCs. It authorizes the DSS commissioner and OPM, within available appropriations, to establish state-funded rate enhancements for certain medical procedures performed at ASCs for Medicaid recipients.

By December 31, 2019, the commissioner must report on the pilot program, any associated cost savings, and his findings and recommendations to the Finance, Human Services, and Public Health committees ([PA 18-170](#), § 2, effective upon passage).

Hospital Supplemental Payments

State and federal law allows Medicaid programs to make supplemental Medicaid payments to hospitals and other institutions within certain parameters. Generally, “supplemental pools” refer to hospitals grouped for purposes of receiving these payments. A new law requires the amount of funds in the supplemental pools to total, in aggregate, \$166.5 million for FY 20.

Under existing law, the amount of funds in the supplemental pools must total, in aggregate, \$598,440,138 for FY 18 and \$496,340,138 for FY 19 ([PA 18-81](#), § 55, effective July 1, 2018).

Medicaid Prescription Drug Auto Refills

A new law allows the DSS commissioner to prohibit pharmacy providers from automatically refilling certain prescription drugs for Medicaid recipients regardless of a recipient's consent or request to participate in an automatic drug refill program. It prohibits DSS from paying for such prescription refills unless it was explicitly requested verbally or in writing by the recipient or his or her legal representative.

The new law also allows the department's Pharmaceutical and Therapeutics (P&T) Committee to make recommendations to DSS on what prescribed drugs, if any, should be eligible for automatic refill. The commissioner must submit to the Human Services Committee recommendations on the types, classes, or usage of prescription drugs to be subject to, and exempt from, the automatic refill prohibition and establishes a process for the committee to consider them ([PA 18-77](#), effective upon passage).

Medicaid Provider Audits

A new law makes several changes in DSS requirements for conducting Medicaid provider audits. Among other things, it requires the commissioner and entities with which he contracts to accept certain types of documents, such as photocopies and faxes, when conducting the audits. The new law also requires DSS to post standard audit procedures on the department's website and expands the type of information DSS must disclose when beginning an audit ([PA 18-76](#), effective July 1, 2018).

Pharmacy and Prescription Drugs

Biological Products

A new law generally allows pharmacists to substitute a biological product for a prescribed biological product as long as the substitute is an interchangeable biological product and the prescribing practitioner has not prohibited the substitution. It extends to these substitutions many of existing law's provisions on substituting brand name drugs with generic ones ([PA 18-74](#), effective October 1, 2018).

Non-Resident Pharmacies Duty to Update Information on File with the State

A new law expands the instances in which a non-resident pharmacy must update certain information on file with the Department of Consumer Protection (DCP). Under the law, these pharmacies must notify DCP of changes to their name, ownership, and management, among other things. The new law also requires these pharmacies to provide notice of certain other changes within 10, rather than 30, days ([PA 18-141](#), § 11, effective upon passage).

Another new law establishes fees for filing such notices with DCP ([PA 18-16](#), § 2, effective January 1, 2019).

Opioid Drug Abuse

A new law makes various changes intended to prevent and treat opioid drug abuse. It:

1. requires the Chief Court Administrator to study the feasibility of establishing an opioid intervention court;
2. prohibits prescribing practitioners from prescribing, dispensing, or administering schedule II to IV controlled substances to themselves or immediate family members, except in emergencies;
3. authorizes prescribing practitioners and pharmacists authorized to prescribe naloxone to enter into an agreement to distribute opioid antagonists to certain entities (e.g., community health organizations and law enforcement agencies);
4. requires the Alcohol and Drug Policy Council to convene a working group to evaluate methods of combating the opioid epidemic;
5. requires any hospital or emergency medical services personnel that treats a patient for an opioid overdose to report such overdose to the Department of Public Health; and
6. extends a Department of Corrections pilot methadone treatment program for certain inmates, expands its scope if federal funds are available, and requires a new report on the program's results by July 1, 2019 ([PA 18-166](#), various effective dates).

Pharmacy and Controlled Substances

A new law makes several changes in laws concerning pharmacies, pharmacists, and controlled substances. It:

1. specifies that the Commission of Pharmacy may assess civil penalties of up to \$1,000 for each violation of pharmacy practice laws;
2. requires drug manufacturers and wholesalers to identify and report suspicious controlled substance orders to DCP;
3. requires specified individuals and entities that handle controlled substances to inventory their controlled substances annually, rather than biennially; and

4. requires pharmacies to maintain a perpetual inventory of schedule II controlled substances (e.g., methadone, morphine, and oxycodone) ([PA 18-16](#), effective January 1, 2019).

Prescription Drug Monitoring Program Compliance

A new law requires the public health and consumer protection commissioners to review pharmacists' and prescribing practitioners' compliance with the electronic Prescription Drug Monitoring Program's requirements and submit their findings to the legislature by January 1, 2019 ([PA 18-100](#), effective upon passage).

Telehealth

Expanding Telehealth Providers

A new law adds registered nurses and pharmacists to the list of health care providers authorized to provide telehealth services. They must provide telehealth services within their profession's scope of practice and standard of care, just as other telehealth providers must do under existing law.

By law, the following health care providers are already allowed to provide health care services using telehealth: physicians, advanced practice registered nurses, physician assistants, occupational and physical therapists, naturopaths, chiropractors, optometrists, podiatrists, psychologists, marital and family therapists, clinical or master social workers, alcohol and drug counselors, professional counselors, dietician-nutritionists, speech and language pathologists, respiratory care practitioners, and audiologists ([PA 18-148](#), effective July 1, 2018).

Prescribing Controlled Substances Using Telehealth

A new law allows telehealth providers to prescribe non-opioid Schedule II or III controlled substances using telehealth to treat a psychiatric disability or substance use disorder, including medication-assisted treatment.

Providers may only do this (1) in a manner consistent with the federal Ryan Haight Online Pharmacy Consumer Protection Act; (2) if it is allowed under their current scope of practice; and (3) if they submit the prescription electronically, in accordance with existing law. Prior law prohibited telehealth providers from prescribing any Schedule I, II, or III controlled substances using telehealth.

The new law also modifies requirements for telehealth providers to obtain and document patient consent to provide telehealth services and disclose related records ([PA 18-148](#), effective July 1, 2018).

Miscellaneous

DPH Asthma Program

A new law consolidates certain DPH reporting requirements related to asthma monitoring and screening. Among other changes, it also (1) extends the due date for the next triennial report from October 1, 2019, to October 1, 2021; (2) requires DPH, starting by that date and every three years after that, to post on its website the activities of the asthma monitoring system, including the information the department collects from school districts; and (3) removes certain specific requirements for the asthma monitoring system ([PA 18-168](#), §§ 7-9, effective October 1, 2018).

Food Code

A new law extends by six months, from July 1, 2018, to January 1, 2019, the date by which DPH must adopt and administer the federal Food and Drug Administration's (FDA) Food Code, and any published supplements, as the state's food code for regulating food establishments. Currently, DPH regulates these establishments under the Public Health Code.

It also makes various other changes, such as:

1. exempting residential care homes with 30 or fewer beds from the food code's requirements, under certain conditions;
2. modifying certain definitions, such as specifying that if a class 1 establishment sells commercially prepackaged, precooked food that is time or temperature controlled and heated, it must be served within four hours after heating; and
3. making conforming changes to provisions (a) requiring food inspectors to obtain certification from DPH after meeting specified requirements and (b) allowing food establishments to request from DPH a variance from Public Health Code requirements in order to use the sous vide cooking technique or acidify sushi rice ([PA 18-168](#), §§ 20-23 & 46-49, effective October 1, 2018).

Itinerant Food Vendor Licensure Reciprocity

Under a new law, the DPH commissioner must collaborate with local health directors to develop a process allowing for reciprocal licensing of itinerant food vending establishments that (1) have a valid license or permit from a local health director and (2) seek to operate in a different

municipality. By January 1, 2019, the commissioner must report to the Public Health Committee on the reciprocity process they develop. By February 1, 2019, the commissioner and each local health director must implement such reciprocal licensing ([PA 18-169](#), § 5, effective upon passage).

Municipal and District Health Departments

A new law expands a health district's powers to include the ability to join an existing health district. Existing law already allows municipalities to join or form a district health department ([PA 18-168](#), § 60, effective October 1, 2018).

Public Water Systems

A new law makes various changes affecting public water systems and the oversight of small community water systems (i.e., those regularly serving between 25 and 1,000 year-round residents). Among other things, it requires (1) small community water systems to submit to DPH a fiscal and asset management plan for all their capital assets and (2) the DPH commissioner to publish a schedule of civil penalties imposed against water companies under the safe drinking water statutes, instead of adopting them in regulations as under prior law ([PA 18-168](#), §§ 61 & 62, effective October 1, 2018).

Sober Living Homes

A new law contains several provisions on the oversight of sober living homes. Among other things, it (1) allows a certified sober living home's owner to report the home's certified status to DMHAS, (2) requires DMHAS to post on its website a list of these certified homes as well as the number of available beds at each home and update the information weekly, and (3) establishes certain advertising requirements and restrictions for operators.

The new law also requires operators who report their home's certified status to maintain at least two doses of an opioid antagonist (i.e., Narcan) on the premises and train all residents in how to administer it. The operator must do this when the home is occupied by at least one resident diagnosed with an opioid use disorder ([PA 18-171](#), effective October 1, 2018).

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