



Acts Affecting Health Professions

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August 16, 2021 | 2021-R-0122

Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting health professions enacted during the 2021 regular session and June 2021 special session (JSS). OLR's other Acts Affecting reports, including Acts Affecting Insurance, are, or will soon be, available on OLR's website: <https://www.cga.ct.gov/olr/actsaffecting.asp>.

Each summary indicates the public act (PA) or special act (SA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden. Complete summaries of public acts are, or will soon be, available on OLR's website: <https://www.cga.ct.gov/olr/olrpasums.asp>.

The report generally includes acts that affect the (1) licensure and scope of practice of health care professionals, (2) regulation of health care facilities, and (3) delivery of health care services. Summaries are divided into categories for ease of reference; some provisions may fall into multiple categories. Additional related information may be in other OLR Acts Affecting reports, including Acts Affecting Insurance ([OLR 2021-R-0129](#)) and Acts Affecting People with Disabilities ([OLR 2021-R-0125](#)).

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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Animal Care and Veterinarians

Animal Population Control Program Reimbursement

A new law updates the reimbursement amount paid to veterinarians participating in the Animal Population Control Program. Under prior law, a veterinarian received a statutorily set amount per sterilization. The new law instead requires the agriculture commissioner to establish a reimbursement rate that is up to 75% of the market rate charged by Connecticut veterinarians. When services performed include both sterilization and vaccination, it requires the reimbursement to be the amount designated for sterilization plus \$30 ([PA 21-90](#), § 11, effective October 31, 2021).

Reporting Diabetes Treatment for Animals

A new law eliminates a requirement that veterinarians upload to the electronic Prescription Drug Monitoring Program's database, or report to the Department of Consumer Protection (DCP), information on dispensed animal patient (1) insulin and glucagon drugs and (2) diabetes and diabetic ketoacidosis devices ([PA 21-182](#), effective upon passage).

Veterinarian-Client-Patient Relationship and Telemedicine

The legislature enacted a new law that generally requires a veterinarian to establish a veterinarian-client-patient relationship with the animal and the animal's owner or caretaker. The new law identifies the conditions that must be met to establish this relationship and allows it to be continued through veterinary telemedicine. The act limits the type of advice veterinarians can provide using electronic means if there is no such relationship ([PA 21-90](#), § 12, effective July 1, 2021).

Veterinarian Investigations

A new law requires the Department of Public Health (DPH) to provide information to a person who filed a complaint against a veterinarian after DPH finds no probable cause or fails to make a finding within the required 12-month investigation period and closes the case. The act also specifically extends to veterinarian investigations the requirement to follow certain existing procedures that apply to investigations of several other DPH-licensed health professionals ([PA 21-121](#), §§ 20 & 21, effective October 1, 2021).

Behavioral Health

DMHAS Electronic Health Records

A new law allows the Department of Mental Health and Addiction Services (DMHAS) to establish and use a single electronic health record (EHR) system for authorized personnel to access patient health records from any of DMHAS's divisions and facilities to diagnose and treat patients and improve operations. Under the act, all DMHAS divisions and facilities must provide their patient records to the EHR system. Any disclosure of the system's patient information made outside of DMHAS must be done in accordance with state and federal law ([PA 21-75](#), § 3, effective upon passage).

Grants for DMHAS Providers

Legislation implementing the budget requires the DMHAS commissioner to establish grant programs to assist private providers of services authorized by the department. She must do so within available federal funds allocated to DMHAS under the American Rescue Plan Act of 2021 (ARPA) (P.L. 117-2), including, for FYs 22 and 23, \$15 million to enhance employee wages and \$10 million for private providers' facility costs ([PA 21-2](#), June Special Session (JSS), § 322, effective July 1, 2021).

Mental Health Bill of Rights for Individuals Who Are Deaf, Deafblind, or Hard of Hearing

This year, the legislature established a bill of rights for individuals in need of mental health services who are deaf, deafblind, or hard of hearing. The new law specifies that these rights are available only to the extent that they are implemented in accordance with the general statutes, federal law, and the state and U.S. constitutions ([PA 21-72](#), effective July 1, 2021).

Mobile Crisis Services

A new law requires DMHAS, in FYs 22 and 23 and within available appropriations, to increase access to mobile crisis services statewide by expanding their hours to include nights and weekends. The act also requires DMHAS to (1) develop a plan to make these services available 24 hours a day, seven days a week and (2) report on the plan by January 1, 2022, to the Public Health and Appropriations committees ([PA 21-35](#), § 17, effective upon passage).

Nonprofit Savings Incentive Program

A new law expands and makes permanent a pilot incentive program for nonprofit human services providers that realize savings in the state-contracted services they deliver. Under the law, the

program must (1) allow providers to keep any savings they realize from the contracted service cost so long as they meet their contractual requirements and (2) prohibit future contracted amounts for the same type of service from being reduced solely on savings achieved in previous contracts by such providers. Eligible providers include nonprofit service providers for people with intellectual, physical, or mental disabilities or autism spectrum disorder ([PA 21-65](#), § 2, and [PA 21-2](#), JSS, § 339, effective July 1, 2021).

Whiting Forensic Hospital Advisory Board

A new law increases the Whiting Forensic Hospital advisory board membership from nine to 11. It does this by adding two members with psychiatric disabilities, at least one of whom must have received inpatient psychiatric hospital services ([PA 21-75](#), § 2, effective October 1, 2021).

Whiting Forensic Hospital Maximum-Security Patient Searches

Prior law prohibited Whiting Forensic Hospital patients in the hospital's maximum-security service from being present during a search of their personal belongings. A new law limits this prohibition to searches conducted by police officers that have probable cause that contraband or hazardous items are hidden in the patient's living area ([PA 21-75](#), § 1, effective October 1, 2021).

Birth or Marriage Certificates

Adoptee Access to Original Birth Certificate

A new law expands access to birth certificates for adopted persons age 18 and older and their adult children or adult grandchildren. It allows them to obtain an uncertified copy of the adoptee's original birth certificate upon request, regardless of when the adoption occurred. Prior law generally allowed this access only for adoptions finalized on or after October 1, 1983 ([PA 21-21](#), effective July 1, 2021).

Gender Changes on Marriage or Birth Certificates

A new law allows people to change the gender designation on their marriage certificate by submitting certain documentation to DPH. Among other things, the person must submit a (1) U.S. passport, amended birth certificate, or court order reflecting the applicant's gender or (2) notarized affidavit from a physician, physician assistant (PA), advanced practice registered nurse (APRN), or psychologist stating that the applicant has undergone surgical, hormonal, or other clinically appropriate treatment for gender transition.

The act also adds PAs to the list of providers who may submit an affidavit of gender transition treatment for purposes of a birth certificate amendment ([PA 21-121](#), §§ 76 & 77, effective October 1, 2021).

Marriage Licenses

A new law requires the DPH commissioner, by January 1, 2022, to revise marriage license applications and certificates to (1) replace references to “bride” and “groom” with “spouse one” and “spouse two” and (2) remove references to a spouse’s race or ethnicity and any designation of a spouse’s race or ethnicity ([PA 21-26](#), § 7, effective July 1, 2021).

Another act similarly removes race from the list of demographic information applicants must provide on marriage licenses ([PA 21-173](#), § 3, effective October 1, 2021).

Uniform Parentage Act

A new law adopts the Uniform Parentage Act (i.e., the Connecticut Parentage Act), which generally provides for equal treatment under the law for children born to same-sex couples. Among other things, it removes certain gender-specific references (e.g., changing “maternity” and “paternity” to “parentage”); expands recognition of non-biological parents; creates processes to adjudicate and challenge parentage; and establishes the court’s standards in addressing competing parentage claims. The act allows the DPH commissioner to release to specified parties certain information acknowledging parentage (e.g., the child if he or she is at least age 18 or a guardian of the person whose parentage is acknowledged) and requires her to prescribe forms for an acknowledgement of parentage ([PA 21-15](#), various effective dates).

Cannabis

Cannabis Legalization

A new law establishes legal adult recreational use of cannabis (marijuana). Among other provisions affecting health professionals, the act:

1. provides certain protections for medical patients if traces of cannabinoid metabolites are detected in their bodily fluids;
2. allows hospitals to restrict patients’ cannabis use;
3. establishes a program within DPH that uses state and national data sources to collect and abstract timely public health information on cannabis-associated illness and adverse events, fatal and non-fatal injuries, and cannabis use poisoning; and

4. requires the Alcohol and Drug Policy Council, jointly with certain agencies, to make recommendations on various cannabis-related matters ([PA 21-1](#), JSS, §§ 65, 94, 104 & 146, various effective dates).

Medical Marijuana

A new law makes various changes to the state's medical marijuana program. Among other provisions affecting health professionals, it:

1. broadens the types of entities in which physicians or APRNs may not have a financial interest if they certify patients for medical marijuana use; the expanded list includes most cannabis establishments licensed under the act, excluding retailers and delivery services;
2. requires a licensed pharmacist working as a dispensary facility or hybrid retailer employee to transmit dispensing information, in a manner the DCP commissioner prescribes, on any cannabis sold to a qualifying patient or caregiver; and
3. allows the DCP commissioner to add to the list of medical conditions that qualify for medical marijuana use without adopting regulations ([PA 21-1](#), JSS, §§ 66-82, various effective dates).

Children's Health

Behavioral and Mental Health Resources

A new law requires:

1. the Department of Children and Families, by December 1, 2021, to develop a document for each mental health region describing the behavioral and mental health evaluation and treatment resources available to children;
2. the Behavioral Health Partnership Oversight Council to distribute the documents electronically to each licensed hospital that has an emergency department; and
3. hospital emergency departments, starting on January 1, 2022, to provide a copy of the applicable documents to the parents or guardians of each child upon the child's discharge from the emergency department ([PA 21-116](#), § 1, effective upon passage).

Blood Donation by Minors

A new law allows a 16-year-old, with his or her parent's or guardian's written authorization, to donate blood, or any of its components, and consent to blood withdrawal at a voluntary blood donation program. Existing law allows a person age 17 or older to do so without parental or guardian consent ([PA 21-26](#), § 5, effective July 1, 2021).

Emergency Action Plans for School Athletic Events

The General Assembly enacted a law that requires each school district and private school to create and apply, starting with the school year beginning July 1, 2022, an emergency action plan to respond to serious and life-threatening sports-related injuries during interscholastic or intramural athletic events. The law requires that each plan must (1) have procedures to follow when a student sustains a serious injury or illness while participating in an interscholastic or intramural athletic event and (2) include certain components, such as the staff responsible for implementing the plan ([PA 21-92](#), effective July 1, 2021).

Exertional Heat Illness Training for Coaches and Student Athletes

A new law requires any person with a State Board of Education coaching permit who coaches intramural or interscholastic athletics to complete an exertional heat illness awareness education program. They must do this before beginning their coaching assignment for the season and then review the program annually before each coaching season.

Additionally, the act requires school boards, starting with the 2022-23 school year, to prohibit a student athlete from participating in intramural or interscholastic athletics unless the student and his or her parent or guardian completes a written, online, or in-person training on exertional heat illness provided by school boards ([PA 21-87](#), effective July 1, 2021).

Immunization Requirements

A new law eliminates the state's religious exemption from immunization requirements for individuals attending public and private schools, including higher education institutions, and child care centers and group and family day care homes. It grandfathers in K-12 students who submitted a religious exemption prior to April 28 and continues to do so if they transfer to another public or private primary or secondary school in the state.

Children with prior religious exemptions enrolled in pre-kindergarten or other preschool programs generally must comply with immunization requirements by September 1, 2022, or within 14 days after transferring to a different public or private program, whichever is later. But the act allows these children to extend the timeframe if they present a written declaration from the child's physician, PA, or APRN that an alternative immunization schedule is recommended ([PA 21-6](#), effective upon passage).

Outpatient Mental Health Treatment

Under existing law, a psychiatrist, psychologist, independent social worker, or marital and family therapist may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian under certain conditions. A new law allows minors to request and receive as many such treatment sessions from these providers as necessary; prior law limited this to six sessions unless the provider determined that this requirement would be seriously detrimental to the minor's well-being.

The act also allows a provider to notify a parent or guardian of treatment provided without the minor's consent or notification if (1) the provider determines that notification or disclosure is necessary for the minor's well-being, (2) the treatment is solely for mental health and not for a substance use disorder, and (3) the minor is given an opportunity to express objection to the notification or disclosure ([PA 21-46](#), § 10, effective July 1, 2021).

Embalmers, Funeral Directors, and Death Certificates

Apprentice Embalmers and Funeral Directors

A new law updates terminology by replacing the terms "student embalmer" and "student funeral director" with "registered apprentice embalmer" and "registered apprentice funeral director," respectively. Existing law already requires these individuals to register as apprentices with DPH. Additionally, the new law specifies that (1) students enrolled in approved mortuary science education programs, with the DPH commissioner's consent, may embalm up to 10 human bodies as part of that program under a licensed embalmer's supervision and (2) this counts toward the 50-body embalming requirement for licensure ([PA 21-121](#), §§ 12-17, effective October 1, 2021).

Death Certificates and Electronic Death Registry System

A new law requires funeral directors or embalmers, when completing death certificates, to use the state's electronic death registry system unless that system is unavailable, in which case they must use DPH-provided forms.

Existing law authorizes certain health care practitioners to complete the medical certification portion of a death certificate. The new law requires them, when certifying the facts of a decedent's death, to use the electronic system or, if it is unavailable, DPH-provided forms ([PA 21-121](#), § 22, effective January 1, 2022).

Emergency Medical Services (EMS)

Continuing Education

A new law requires EMS personnel to enter, track, and reconcile their required continuing education hours in a form and manner the DPH commissioner prescribes, instead of using a DPH-approved online database ([PA 21-121](#), §§ 59 & 95, effective July 1, 2021, except a conforming change is effective upon passage).

DPH Authority to Waive EMS Regulations

A new law allows the DPH commissioner to waive regulations that apply to EMS organizations or personnel if she determines that (1) doing so would not endanger the health, safety, or welfare of any patient or resident and (2) the waiver does not affect maximum allowable rates for each EMS organization or primary service area assignments ([PA 21-121](#), § 11, effective July 1, 2021).

Emergency Vehicle Definitions

A new law modifies the statutory definitions of the terms “emergency vehicle” and “authorized emergency vehicle” as used in the laws establishing those vehicles’ rights and motorists’ responsibilities with respect to them. For example, the act expands the definition of “emergency vehicle” to include any ambulance or vehicle operated by an EMS organization member taking a patient to a hospital ([PA 21-106](#), §§ 34 & 35, effective upon passage).

EMS Address Changes

A new law allows an EMS organization, instead of only an ambulance service, to apply to DPH to change its address or add a branch location within its primary service area. Prior law required an EMS organization to complete the certificate of need process in order to make such a change ([PA 21-121](#), § 69, effective upon passage).

EMS Advisory Board

A new law requires the DPH commissioner to appoint a member to the Connecticut EMS Advisory Board if the appointment is vacant for more than one year. The commissioner must notify the appointing authority of her appointee’s identity at least 30 days before making the appointment ([PA 21-121](#), § 60, effective upon passage).

Mental Health Training

Starting in 2022, a new law requires emergency medical responders, emergency medical technicians (EMTs), and advanced EMTs seeking certification renewal to complete specified

training in suicide prevention and mental health topics ([PA 21-46](#), § 9, as amended by [PA 21-121](#), § 95, effective July 1, 2021).

Additionally, a new law expands who can provide certain required paramedic training. Prior law required applicants for paramedic licensure to have successfully completed mental health first aid training provided by a National Council for Behavioral Health-certified instructor. Under the new law, organizations with substantially similar certification requirements, as determined by the DPH commissioner, can also provide this training ([PA 21-134](#), effective upon passage).

Health Care Facilities

Certified Stroke Centers

By law, a hospital may apply to DPH for designation as a comprehensive stroke center, and the department must annually post the list of these centers on its website. A new law adds thrombectomy-capable stroke centers to the types of stroke-designated hospitals DPH must include on its annual list. Under existing law, DPH already includes hospitals designated as comprehensive stroke centers, primary stroke centers, or acute stroke-ready hospitals ([PA 21-121](#), § 68, effective October 1, 2021).

DPH Access to Certain Electronic Hospital Records

A new law requires hospitals to provide DPH access, including remote access, to certain complete electronic medical records related to (1) reportable diseases and emergency illnesses and health conditions; (2) the Connecticut Tumor Registry; (3) the Maternal Mortality Review Program; and (4) births, fetal deaths, and death occurrences. Hospitals must grant DPH this access by October 1, 2022, if technically feasible.

As under existing law, these records generally (1) are confidential and not subject to disclosure, (2) are not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research or disease control and prevention purposes ([PA 21-121](#), §§ 78-81, effective October 1, 2021).

Facility Fees

A new law made several changes affecting facility fees and related notices for outpatient services at hospital-based facilities. For example, it (1) expands the type of procedural codes for which hospitals, health systems, and hospital-based facilities may not charge facility fees in certain circumstances; (2) requires various patient notices to include information in 15 languages on free

language assistance services; and (3) expands certain existing facility fee-related reporting requirements ([PA 21-129](#), § 4, effective October 1, 2022).

Hospital Collections

A new law extends certain hospital collection laws to cover entities owned by or affiliated with hospitals. By doing so, it prohibits these related entities, rather than hospitals exclusively, from (1) collecting from an uninsured patient more than the cost of providing the services, (2) referring certain patients to collection agencies, and (3) continuing collection efforts in certain situations until they determine whether the patient is eligible for debt reduction or elimination. It also limits or restricts when hospitals, these related entities, and collection agents may refer patients to credit rating agencies, foreclose a lien on a patient's primary residence, or garnish a patient's wages ([PA 21-129](#), §§ 1-3, effective October 1, 2022).

Hospital Discharge Plans

A new law permits a hospital, if a patient agrees, to provide discharge materials (and have the patient acknowledge they received them) electronically. By law, DPH sets minimum standards for hospital discharge planning services that include, among other things, requiring hospitals to prepare a written discharge plan for patients and provide a copy to them prior to their discharge from the hospital ([PA 21-26](#), § 10, effective July 1, 2021).

Hospital Patients and Family Caregivers

A new law requires hospital personnel, when admitting a patient, to promptly ask the patient if he or she wants the hospital to notify a family member, caregiver, or support person of the admission. If the patient chooses the notification, hospital personnel must make reasonable efforts to contact the family member, caregiver, or support person as soon as practicable, but within 24 hours after the request. Existing law already requires hospitals to do this for the patient's physician upon the patient's request ([PA 21-26](#), § 4, effective October 1, 2021).

Implicit Bias Training at Hospitals

A new law requires hospitals, starting October 1, 2021, to include training in implicit bias (e.g., internalized perceptions based on race, gender identity, or disability) as part of their regular training for staff members who provide direct care to women who are pregnant or in the postpartum period ([PA 21-35](#), § 13, effective upon passage).

New Ambulatory Surgical Centers (ASC) Tax

Beginning July 1, 2023, a new law replaces the current 6% gross receipts tax on ASCs with a 3% net revenue tax on ASC services, subject to certain exclusions. In doing so, it eliminates the current exemption for the first \$1 million of ASC gross receipts but retains the exemptions for Medicaid and Medicare payments for ASC services and any net revenue of a hospital subject to the hospital provider tax ([PA 21-2](#), JSS, §§ 462-468, generally effective July 1, 2023, and applicable to calendar quarters beginning on or after that date).

Newborn Screening Program

A new law makes several changes to the state's Newborn Screening Program, such as (1) extending newborn screening requirements for health care institutions to licensed nurse-midwives and midwives; (2) requiring newborn screenings to be performed using bloodspot specimens; and (3) specifying timeframes for specimen collection and notification ([PA 21-121](#), § 75, effective upon passage).

Health Insurance

Dental Provider Contracts

A new law restricts when third parties can access a dental provider contract (e.g., a health carrier's dental network). Among other things, it (1) allows participating dental providers to decline to participate in third-party access if certain conditions are not met and (2) prohibits health carriers from refusing to contract with a dental provider because the provider declines third-party access ([PA 21-187](#), effective January 1, 2022).

Participating Provider Contracts

A new law makes changes to contracts between health carriers and participating providers. Among other things, the act (1) requires carriers to provide 90 days' notice before making certain changes to the contract and (2) allows providers to appeal those changes. The act applies to contracts entered into, renewed, or amended on or after July 1, 2022 ([PA 21-2](#), JSS, § 83, effective October 1, 2021).

Prescription Drug Formularies Under Insurance Policies

A new law generally prohibits certain health carriers from removing a covered prescription drug from a formulary (i.e., a list of covered prescription drugs) or moving it to a higher cost-sharing tier during the plan year. The act provides several exceptions, including allowing health carriers to remove a drug from a formulary with at least 90 days' advance notice if the U.S. Food and Drug

Administration (FDA) questions the drug's clinical safety unless the treating physician states in writing that the drug remains medically necessary for the covered person ([PA 21-96](#), effective January 1, 2022).

Psychotropic Drug Prescription Quantities

A new law prohibits certain health insurers from requiring a health care provider to prescribe more outpatient psychotropic drugs than he or she deems clinically appropriate. The act similarly prevents any mental health care benefits provided under state law, with state funds, or to state employees, from requiring a provider to prescribe more of these drugs than he or she deems clinically appropriate ([PA 21-125](#), §§ 1-3, effective January 1, 2022).

Third Party Liability for Medical Assistance Payments

A new law establishes deadlines for insurers and other legally liable third parties to (1) act on claims the Department of Social Services (DSS) submits for covered health care items and services and (2) request refunds from DSS when they determine they are not liable for a claim for which they reimbursed DSS ([PA 21-2](#), JSS, § 334, effective July 1, 2021).

Health Professionals

Art Therapist Temporary Permits

By law, DPH may issue nonrenewable temporary permits to art therapist licensure applicants with a graduate degree in art therapy or a related field. The permit allows the holder to practice under the general supervision of a licensee. A new law extends, from 365 days to two years after the applicant receives his or her degree, the maximum time period the permit is valid ([PA 21-26](#), § 6, effective July 1, 2021).

Behavior Analysts

A new law adds behavior analysts to the list of professionals who (1) must report suspected abuse or neglect of the elderly or long-term care facility residents; (2) are eligible for the professional assistance program for health professionals (and correspondingly increases their license renewal fee by \$5); and (3) must notify DPH if they are aware that another health professional may be unable to safely practice for various reasons ([PA 21-121](#), §§ 26-32, various effective dates).

COVID-19 Assistance Program

This year the legislature created the Connecticut Essential Workers COVID-19 Assistance Program to provide benefits for lost wages, out-of-pocket medical expenses, and burial expenses to certain

essential employees, including health care personnel, who could not work due to contracting COVID-19. The program's benefits are available within available funds on a first-come, first-served basis; they will only be paid through June 30, 2024 ([PA 21-2](#), JSS, § 289, effective October 1, 2021).

Credentialing for People Licensed in Other States

A new law generally makes it easier for health care professionals (and various tradespeople and other professionals) licensed in other states to obtain a Connecticut credential if they reside here. It does so by generally requiring DPH or DCP to issue the appropriate license or other credential to a state resident, or a spouse of an active duty service member permanently stationed here, if that person meets specified experience and background requirements ([PA 21-152](#), §§ 1 & 4, effective October 1, 2021).

Esthetician, Nail Technician, and Eyelash Technician Licensure

By law, individuals seeking an initial DPH license as an esthetician, nail technician, or eyelash technician must provide evidence that they (1) completed the minimum hours of required study in an approved school or an out-of-state school with equivalent requirements and (2) received a certification of completion from the school. However, certain candidates are grandfathered in if they were practicing before July 1, 2020, for estheticians or eyelash technicians or January 1, 2021, for nail technicians.

A new law limits the time period in which these licensure applicants may be grandfathered in to those who apply before January 1, 2022 ([PA 21-121](#), §§ 66, 73 & 74, effective July 1, 2021).

Hairdressing and Cosmetology

A new law expands the statutory definition of "hairdressing and cosmetology" for purposes of licensure to include removing facial or neck hair using manual or mechanical means ([PA 21-121](#), § 65, effective upon passage).

Home Health Orders

A new law allows PAs and APRNs licensed in Connecticut to issue orders for home health care agency services, hospice agency services, and home health aide agency services. It also allows PAs and APRNs licensed in bordering states to order home health care agency services. Under prior law, only a physician could issue these orders ([PA 21-121](#), § 52, effective July 1, 2021).

Massage Therapists and Spa or Salon Management

A new law allows licensed massage therapists to manage a spa or salon that employs massage therapists, hairdressers, cosmeticians, estheticians, or eyelash or nail technicians ([PA 21-121](#), § 42, effective upon passage).

Mental Health Training and Education for Healthcare Professionals

A new law expands the continuing education requirements for certain healthcare professionals to include at least two hours of training and education on (1) screening for post-traumatic stress disorder, suicide risk, depression, and grief and (2) suicide prevention training. With some exceptions, this applies during the first license or certification renewal period as applicable and at least once every six years thereafter. The act applies to:

1. PAs;
2. physical therapists;
3. occupational therapists and occupational therapy assistants;
4. registered nurses, licensed practical nurses, and nurses' aides;
5. behavior analysts;
6. certified community health workers; and
7. certain EMS providers (see above) ([PA 21-46](#), §§ 2-9, as amended by [PA 21-121](#), § 95, effective July 1, 2021).

Out-of-State Practitioners During Public Health Emergencies

By law, DPH may temporarily suspend licensing, certification, and registration requirements for up to 60 days to allow various health care practitioners credentialed in another state, territory, or the District of Columbia to practice in Connecticut during a declared public health emergency. A new law expands the types of out-of-state practitioners allowed to practice in Connecticut under these circumstances to include: alcohol and drug counselors; art and music therapists; behavior analysts; dietitian-nutritionists; dentists and dental hygienists; genetic counselors; occupational therapists; radiographers, radiologic technologists, radiologist assistants, and nuclear medicine technologists; and speech and language pathologists ([PA 21-121](#), § 43, effective upon passage).

Physician Assistants

A new law allows PAs to certify, sign, or otherwise document medical information in several situations that previously required a physician's or APRN's signature, certification, or

documentation. Examples include (1) certifying a disability or illness for continuing education waivers or extensions for various health professions and (2) documenting that a patient's nursing home room transfer would be medically contraindicated ([PA 21-196](#), effective October 1, 2021).

Post-Traumatic Stress Injuries Related to COVID-19

A new law makes certain health care providers eligible to receive workers' compensation benefits for post-traumatic stress injuries (PTSI) if a mental health professional examines them and diagnoses PTSI as a direct result of a "qualifying event" in the line of duty.

For eligible health care providers, a "qualifying event" occurred if the provider was engaged in activities substantially dedicated to mitigating or responding to the COVID-19 emergency and (1) witnessed the death of someone due to COVID-19; (2) witnessed an injury to someone who subsequently died due to COVID-19; (3) had physical contact with and treated or provided care to someone who subsequently died due to COVID-19; or (4) witnessed a traumatic physical injury that resulted in someone's loss of a vital body function due to COVID-19 ([PA 21-107](#), effective upon passage).

Primary Care Direct Services Program and Loan Repayment

A new law requires, rather than allows, DPH to establish a program providing three-year grants to community-based primary care providers to expand access to care for the uninsured. DPH must do so by January 1, 2022, and within available resources ([PA 21-2](#), JSS, § 28, effective July 1, 2021).

Under existing law, program grants may be used for, among other things, providing loan repayment to primary care clinicians (e.g., family practice physicians, pediatricians, APRNs, and PAs) and registered nurses who meet program requirements. Another new law specifically requires DPH, in FY 22 and within available appropriations, to implement the state loan repayment program for community-based providers in primary care settings ([PA 21-35](#), § 21, effective upon passage).

Professional Counselor and Professional Counselor Associate Licensure

A new law exempts certain professional counselor and professional counselor associate licensure applicants from specified requirements. In doing so, the act generally reinserts provisions removed in 2019 that would grandfather in certain applicants who were already in school when licensure requirements changed in 2017 ([PA 21-121](#), § 18, effective upon passage).

Provider Education on Pulse Oximeters

A new law requires DPH to develop educational materials on pulse oximeters by January 1, 2022. These materials must inform health care providers, pharmacists, pharmacies, and others that a pulse oximeter is more likely to produce an inaccurate blood oxygen level reading for individuals of color as opposed to white individuals. DPH must (1) post these materials on its website and (2) distribute them to health care providers and pharmacies as well as to in-state medical schools for dissemination to their students ([PA 21-57](#), § 1, effective July 1, 2021).

Service Fees for Credit Card Payments Made Under Online License Renewal System

A new law requires DPH to charge a service fee for each credit card payment made under its online renewal system, subject to certain parameters, and authorizes it to waive the fee with the Office of Policy and Management secretary's approval ([PA 21-2](#), JSS, § 441, effective July 1, 2022).

Social Worker Continuing Education

A new law increases, from six to 10, the maximum hours of continuing education that social workers may complete online or through home study during each one-year registration period ([PA 21-121](#), § 41, effective upon passage).

Tuberculosis Screening

A new law requires licensed health care facilities to have policies and procedures reflecting the CDC's recommendations for tuberculosis (TB) screening, testing, treatment, and education for health care personnel (e.g., that they be screened for TB upon being hired and after a known exposure). Under the act, these facilities' direct patient care employees must receive TB screening and testing in compliance with these policies and procedures ([PA 21-121](#), § 36, effective July 1, 2021).

Vision Testing for Driver's License and Permit Applicants

A new law modifies the vision testing applicable to certain driver's license and instruction permit applicants. Specifically, when required, an applicant must pass a vision screening conducted by the Department of Motor Vehicles or submit the results of a vision exam by a licensed medical professional that certifies he or she satisfies the state's vision standards ([PA 21-106](#), §§ 9 & 41, effective July 1, 2021).

Local Health Departments

Health Directors

A new law makes various changes affecting municipal and district health departments, including making certain requirements consistent for both types of departments. For example, it (1) requires DPH approval for municipal health director appointments (existing law already requires this for health districts); (2) increases the minimum vacancy, from 30 to 60 days, before DPH may appoint someone to fill a municipal health director vacancy; and (3) prohibits all health directors from having a financial interest or outside job that substantially conflicts with their duties; prior law exempted directors in towns under a certain size ([PA 21-121](#), §§ 23-25, effective July 1, 2021).

Another new law makes certain similar changes and also requires municipalities, with DPH approval, to designate an acting director if the existing director is unable to act during a declared public health emergency ([PA 21-35](#), § 20, effective July 1, 2021).

Itinerant Food Vendor Licensure Reciprocity

By law, the DPH commissioner must collaborate with local health directors to develop a process to allow 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.

A new law extends the date by which the (1) commissioner must report to the Public Health Committee on the process she develops to December 1, 2021, and (2) commissioner and each local health director must implement the licensure by reciprocity to January 1, 2022 ([PA 21-26](#), § 8, effective upon passage).

Local Health Department and District Funding

A new law increases state funding to local and district health departments as follows: (1) from \$1.18 to \$1.93 per capita for full-time municipal health departments and (2) from \$1.85 to \$2.60 per capita for district health departments. By law, to qualify for this funding, among other things, (1) municipalities must have a full-time health department and a population of at least 50,000 and (2) health districts must have a total population of at least 50,000 or serve three or more municipalities ([PA 21-2](#), JSS, §§ 20 & 21, most provisions effective July 1, 2021).

Model Food Code

A new law extends by three years, from January 1, 2020, to January 1, 2023, the date by which DPH must adopt the federal Food and Drug Administration's Model Food Code as the state's food code for regulating food establishments ([PA 21-121](#), §§ 61-63, effective upon passage).

Replacement Public Wells

A new law allows DPH to approve the location of a replacement public well that does not meet the state's sanitary radius and minimum setback requirements for these water sources, if certain conditions are met (e.g., DPH determines that the well is in a more protected location than the supply it is replacing). (Prior law applied only to these wells in Ledyard.) If DPH approves the well's location, the local or district health director may issue a permit for the replacement well ([PA 21-121](#), §§ 1 & 2, effective October 1, 2021).

Youth Suicide Prevention Training Program

A new law requires the Youth Suicide Advisory Board and the Office of the Child Advocate to jointly administer an evidence-based youth suicide prevention training program in each local and district health department and offer it by July 1, 2022, and at least once every three years after that. It requires the training program to provide certification in Question, Persuade and Refer (QPR) Institute Gatekeeper training, which is an educational program designed to teach lay and professional individuals who work with youth the warning signs of a suicide crisis and how to respond ([PA 21-46](#), § 1, effective July 1, 2021).

Long-Term Care

Assisted Living Services Agencies' Licensure

Under existing law, the state does not license assisted living facilities. Instead, it licenses and regulates assisted living service agencies (ALSAs) that provide assisted living services. ALSAs can only provide these services at a managed residential community (MRC).

A new law requires an MRC that wishes to provide assisted living services to obtain a DPH license as an ALSA or arrange for such services with a licensed ALSA. For the latter, the MRC must apply to DPH to arrange for these services in a manner the commissioner prescribes as under existing regulation.

The act also requires an ALSA to ensure all services provided individually to clients are fully understood by the client or the client's representative and that the client or representative is made aware of the cost of these services ([PA 21-121](#), §§ 45, 56, 91 & 92, most provisions effective July 1, 2021).

Assisted Living Services Agencies Operating as Dementia Special Care Units

A new law prohibits an ALSA from providing services as a dementia special care unit or program unless they obtain DPH approval. To obtain approval, an ALSA must (1) ensure they have adequate staff to meet residents' needs and (2) submit to DPH a list of dementia special care units or locations and their staffing plans when applying for an initial or renewal license or upon DPH request ([PA 21-121](#), § 56, effective July 1, 2021).

Bed Positions in Long-Term Care Facilities

A new law requires chronic disease hospitals associated with nursing homes, nursing homes, and residential care homes to position beds in a manner that promotes resident care. Specifically, the bed position (1) cannot act as a restraint to the resident or create a hazardous situation (e.g., the possibility of entrapment or creating an obstacle to evacuation); (2) must allow for infection control; and (3) as under prior law, must provide at least a three-foot clearance at the sides and foot of each bed ([PA 21-121](#), § 57, effective July 1, 2021).

Expanded Nursing Home Bed Capacity During Emergencies

A new law allows the DPH commissioner to suspend licensure requirements for chronic and convalescent nursing homes to allow them to temporarily provide services to patients with a reportable disease, emergency illness, or health condition during a declared public health emergency.

Under the act, nursing homes may provide these services under their existing license after obtaining DPH approval if they (1) provide services to patients in a building that is not physically connected to its licensed facility or (2) expand their bed capacity in a part of a facility that is separate from the licensed facility ([PA 21-121](#), § 54, effective July 1, 2021).

Facility Conditions

A new law requires state agencies to inform the (1) state long-term care ombudsman and (2) Commission on Women, Children, Seniors, Equity and Opportunity executive director about legislative proposals or new or revised regulations on long-term care facility living and care conditions. For certain proposed regulations, the act requires the ombudsman and executive director to immediately inform the Statewide Coalition of Presidents of Residents Councils and family councils that the agency is required to hold a public hearing if at least 15 people request it within a specified timeframe.

The act also requires any state task force on long-term care facility care or living conditions that is appointed by the legislature or a state agency to include as members representatives of (1) resident councils; (2) family councils; and (3) the chairpersons and ranking members of the Aging Committee or their designees ([PA 21-194](#), effective upon passage).

Family Councils

A new law requires each nursing home's and dementia special care unit's administrative head, by January 1, 2022, to encourage and assist in the establishment of a family council to encourage and support open communication between the facility and residents' families and friends ([PA 21-185](#), § 7, effective October 1, 2021).

Funding for Nursing Home Infrastructure Improvements

A new law requires DPH to seek available federal or state funds for infrastructure improvements to the state's nursing homes. It requires the commissioner, by January 1, 2022, to report to the Public Health Committee on her success in accessing such funding ([PA 21-185](#), § 11, effective upon passage).

Infectious Disease Control and Prevention

A new law establishes various requirements related to infectious disease control and prevention, including (1) requiring nursing homes and assisted living facility dementia special care units to employ a full-time infection and prevention control specialist; (2) requiring nursing homes to maintain at least a two-month supply of personal protective equipment for their staff; (3) generally requiring a nursing home's infection prevention and control committee to meet at least monthly, and, during an infectious disease outbreak, daily; and (4) requiring nursing homes to test staff and residents for an infectious disease during an outbreak at an appropriate frequency determined by DPH ([PA 21-185](#), §§ 1, 3, 5 & 6, effective October 1, 2021).

Local Emergency Operations Plans

A new law requires a nursing home's and dementia special care unit's administrative head to provide its emergency operations plan to the municipality where it is located. The facility must do this by January 1, 2022, to assist the municipality in developing its emergency operations plan required under the Interstate Mutual Aid Compact. This compact, by law, provides a legal framework for municipalities to request and provide mutual aid when any member municipality declares a local civil preparedness emergency ([PA 21-185](#), § 2, effective October 1, 2021).

Nursing Home Intravenous (IV) Care

A new law allows registered nurses employed by nursing homes to administer medications intravenously or draw blood from a central line for laboratory purposes if they have been properly trained to do so by the home's nursing director or an IV infusion company ([PA 21-121](#), § 55, effective July 1, 2021).

Additionally, another act requires each nursing home's administrative head to ensure that there is at least one staff member or contracted professional available on-call during each shift who is licensed or certified to start an IV line ([PA 21-185](#), § 4, effective October 1, 2021).

Nursing Home Minimum Staffing Levels

A new law requires DPH, by January 1, 2022, to modify minimum staffing levels in nursing homes to establish at least three hours of direct care per resident per day, instead of 1.9 hours as under prior law. The act also requires the department to modify staffing level requirements for social workers and recreational staff to require (1) one full-time social worker per 60 residents and (2) recreational staffing levels lower than prior requirements as the DPH commissioner deems appropriate ([PA 21-185](#), § 10, effective October 1, 2021).

Nursing Home or Residential Care Home Citations

A new law allows DPH to electronically notify nursing homes or residential care homes of citations for noncompliance with specified laws and regulations. Prior law required DPH to send these notices by certified mail ([PA 21-121](#), § 8, effective October 1, 2021).

Nursing Home Staff Education

A new law requires nursing homes, by January 1, 2022, to ensure that each resident's care plan includes, among other things, measures to address the resident's social, emotional, and mental health needs, including opportunities for social connection and strategies to minimize social isolation.

The act also requires each nursing home administrative head to ensure by this date that the home's staff is educated on best practices for addressing residents' social, emotional, and mental health needs and all components of person-centered care ([PA 21-185](#), § 8, effective October 1, 2021).

Nursing Home Virtual Monitoring and Virtual Visitation

A new law expands the nursing home patients' bill of rights to include the right of residents to treat their living quarters as their own home, which includes purchasing and using virtual visitation and virtual monitoring technology.

The act allows nursing home residents to use technology of their choosing to facilitate virtual monitoring or virtual visitation and establishes related notification, use, and consent requirements (e.g., obtaining any roommate's consent and paying associated costs). It also requires nursing homes to provide residents with free internet access, electricity, and a power source for this technology under certain conditions ([PA 21-55](#), effective October 1, 2021, except the bill of rights provisions take effect on July 1, 2021).

Another act requires nursing homes to give their employee, or the employee of their contractor, access to a resident's virtual monitoring or virtual visitation technology if the (1) employee is the subject of a proposed disciplinary action by the nursing home based on evidence obtained from the technology and (2) access is granted for the employee to defend him- or herself against the disciplinary action ([PA 21-160](#), effective October 1, 2021).

Prescription Dispensing Machines

A new law allows licensed long-term care pharmacies to use automated prescription dispensing machines in nursing homes. These are machines and associated software operated by a licensed state pharmacy or registered nonresident pharmacy through which the operators, based on a verified prescription, package and label patient-specific medications that are dispensed by the machine. A registered nurse or a licensed practical nurse must administer the dispensed medication packets ([PA 21-192](#), §§ 1 & 2, effective upon passage).

Public Health Preparedness Advisory Committee

A new law requires the Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include responses related to nursing homes and dementia special care units and providers of community-based services to their residents ([PA 21-185](#), § 9, effective upon passage).

Temporary Background Check Suspension

By law, long-term care facilities generally must require background checks for prospective employees or volunteers who will have direct access to patients or residents. A new law suspends this requirement if the DPH commissioner determines it is necessary to do so because of an

emergency or significant disruption. In that case, the commissioner must inform the facility when suspending the requirement and lifting the suspension.

Under DPH's current policies and procedures, the department may suspend the background search requirement for a facility for up to 60 days in specified circumstances ([PA 21-121](#), § 9, effective July 1, 2021).

Visitation Policy

Under a new law, residents of certain long-term care facilities can designate an essential support person to visit even when there are visitation restrictions imposed on other visitors. The new law requires the DPH commissioner to establish a statewide policy for visitation with long-term care residents. During public health emergencies this includes requirements that incorporate a resident's need for essential support. It also expands the state long-term care ombudsman's duties to include providing services designed to address the impact of socialization, visitation, and the role of essential support persons on residents' health, safety, and well-being ([PA 21-71](#), effective upon passage).

Medicaid and Medical Assistance

Expanded Coverage

The legislature passed several laws expanding eligibility for Medicaid and other forms of medical assistance, including:

1. starting April 1, 2022, extending coverage under Medicaid and the Children's Health Insurance Program (CHIP) for women for 12 months after giving birth ([PA 21-2](#), JSS, §§ 335 & 336, effective upon passage);
2. starting April 1, 2023, providing state-funded medical assistance, within available appropriations, for postpartum care for women who do not qualify for Medicaid due to immigration status and have household incomes up to 263% of the federal poverty level (FPL) ([PA 21-176](#), § 2, effective October 1, 2021);
3. starting in 2023, providing state-funded medical assistance, within available appropriations, for children under age 9, regardless of immigration status, who live in households meeting certain income requirements ([PA 21-176](#), §§ 1 & 3, effective October 1, 2021); and
4. starting by April 1, 2022, providing CHIP coverage for pregnant women under an option that allows the state to consider the unborn child a low-income child eligible for CHIP coverage ([PA 21-176](#), § 4, and [PA 21-2](#), JSS, § 344, effective October 1, 2021).

Medicaid Community Violence Prevention Services

A new law requires the DSS commissioner to amend the state Medicaid plan to provide coverage for community violence prevention services for certain beneficiaries (i.e., those who have received medical treatment for an injury sustained from an act of community violence and received certain referrals for these services). The commissioner must do this by July 1, 2022, provided federal law allows it and the Centers for Medicare and Medicaid Services approves it and provides federal matching funds.

The act also establishes training requirements for individuals seeking certification as a “certified violence prevention professional” and requires DPH, by January 1, 2022, to approve at least one accredited training and certification program for these professionals. It also establishes documentation and compliance requirements for entities that employ or contract with these professionals ([PA 21-36](#), effective October 1, 2021).

Nursing Home Employee Wages and Benefits

A new law requires DSS to provide rate increases for nursing home employee wages and enhanced health care and pension benefits. Specifically, the act requires DSS, within available appropriations, to provide a 4.5% increase to nursing home rates in both FYs 22 and 23 to enhance facility employee wages. It also allocates \$15.4 million from the General Fund appropriation to DSS in FY 23 to adjust nursing home reimbursement rates for those homes that provide enhanced health care and pension benefits for employees ([PA 21-2](#), JSS, §§ 323 & 324, effective upon passage).

Nursing Home Temporary Financial Assistance

Under a new law, DSS must provide temporary financial assistance to nursing homes in the form of one-time grants paid for from the \$10 million the department received as Coronavirus State and Local Fiscal Recovery Funds under ARPA. The grants must be (1) based on the percent difference between the calculated reimbursement rates for nursing homes and the rates they received and (2) subject to proportional adjustments based on available funding ([PA 21-2](#), JSS, § 321, effective July 1, 2021).

Nursing Home Transition to Acuity-Based Rates

DSS has been developing an acuity-based rate methodology to calculate Medicaid rates for nursing homes. (Generally, acuity-based rates vary based on, among other things, the facility’s patient case mix.) The legislation implementing the budget requires DSS to set FY 22 rates in accordance with existing cost-based ratemaking provisions and FY 23 rates in accordance with acuity-based ratemaking provisions established in the act.

For FYs 22 and 23, the act prohibits inflationary rate increases to nursing homes with certain exceptions. For FY 22, the DSS commissioner may provide fair rent increases for certain expenses ([PA 21-2](#), JSS, §§ 319 & 320, effective upon passage, except changes to cost-based rates are effective July 1, 2021).

Provider Rate Increases

The legislature included several provider rate increases in the budget implementer act ([PA 21-2](#), JSS). These provisions include:

1. allocating \$4.625 million appropriated to DSS from the General Fund in FYs 22 and 23 to fund an increase in the Medicaid reimbursement rate for certain Medicaid-funded home and community-based waiver program services, and home health care (§ 338, effective July 1, 2021);
2. allocating \$375,000 appropriated to DSS from the General Fund in FYs 22 and 23 to increase the reimbursement rate for the state-funded portion of the Connecticut Home Care Program for the Elderly (§ 338, effective July 1, 2021);
3. requiring DSS, within available appropriations, to increase the per diem rate for chronic disease hospitals by 4% (§ 342, effective July 1, 2021);
4. increasing Medicaid reimbursement rates by 10% for emergency and nonemergency ambulance services and by \$3 for transports beginning in FY 22 (§ 340, effective upon passage);
5. requiring OPM to allocate available funds for FYs 22 and 23 to increase rates to state-contracted providers for wage enhancements and related payroll taxes, workers compensation, and unemployment insurance expenses for employees who provide services to individuals with intellectual disability who receive supports and services through the Department of Developmental Services (DDS) (§ 341, effective July 1, 2021); and
6. requiring DSS to provide an inpatient Medicaid rate of \$975 per day to Natchaug Hospital for FY 22 (§ 343, effective upon passage).

Rates for Residential Care Homes and ICF-IIDs

Legislation implementing the budget made minor changes to provisions on cost-based ratemaking for residential care homes and intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs). (These changes also affect nursing homes, but only for FY 22.) For residential care homes, the act requires DSS to base FY 22 and 23 rates on FY 21 rates inflated by the gross domestic product deflator applicable to each rate year.

For ICF-IIDs, for FYs 22 and 23 the act generally (1) caps rates at the previous year's amount but allows the DSS commissioner to provide certain fair rent increases and (2) requires the DSS

commissioner to increase rates for employee benefit enhancements. It also requires the DSS commissioner to increase the minimum per diem, per bed rates for ICF-IIDs to \$501 ([PA 21-2](#), JSS, §§ 320 & 325, effective July 1, 2021, except the ICF-IID per-diem provision is effective upon passage).

Various Other Provider Rates and Policies

The legislature made several other changes to laws concerning Medicaid providers, including:

1. allowing APRNs and PAs to order home health care services covered by DSS ([PA 21-133](#), § 1, effective upon passage);
2. allowing the DSS commissioner to waive or suspend prior authorization or other utilization review criteria for Medicaid and the Children’s Health Insurance Program ([PA 21-133](#), § 5, effective upon passage);
3. requiring DSS to cover services provided by acupuncturists and chiropractors under Medicaid ([PA 21-2](#), JSS, § 331, effective upon passage);
4. eliminating a provision under prior law that required Medicaid payments for methadone maintenance to be contingent on providers meeting certain performance measures ([PA 21-2](#), JSS, § 332, effective July 1, 2021);
5. requiring DSS to reimburse licensed nurse-midwives at the same rates as obstetrician-gynecologists for performing the same services or procedures ([PA 21-2](#), JSS, § 333, effective upon passage); and
6. requiring DSS to reimburse licensed podiatrists at the same rates as licensed physicians for performing the same services or procedures ([PA 21-2](#), JSS, § 333, effective upon passage).

Miscellaneous

AEDs in Health Clubs

A new law requires licensed health clubs, starting October 1, 2022, to provide and maintain at least one automatic external defibrillator (AED) and, among other things, ensure that at least one employee trained in its use is on the premises during staffed business hours ([PA 21-26](#), §§ 2 & 3, effective October 1, 2021).

Chief Medical Examiner and Continuing Medical Education (CME)

Starting January 1, 2022, a new law requires the Chief Medical Examiner to earn at least one contact hour (i.e., 50 minutes) of training or education in sudden unexpected death in epilepsy as part of the CME he must complete under existing law. Under the act, “sudden unexpected death in

epilepsy” is the death of someone with epilepsy that is not caused by injury, drowning, or other known causes unrelated to epilepsy ([PA 21-26](#), § 1, effective October 1, 2021).

Chronic Pain Therapies

A new law requires DPH, by January 1, 2022, to (1) establish guidelines for the use of evidence-based, nonpharmaceutical therapies to treat chronic pain, including chiropractic treatment and physical therapy, and (2) conduct educational and outreach activities to raise awareness about these guidelines ([PA 21-113](#), § 2, effective July 1, 2021).

Clinical Laboratories

A new law requires licensed clinical laboratories to report to DPH the name and address of each blood collection facility they own and operate. They must do so (1) before obtaining or renewing their license and (2) whenever opening or closing a blood collection facility ([PA 21-121](#), § 39, effective July 1, 2021).

Community Health Worker Grant Program

A new law requires DPH to establish a program providing grants through FY 23 to community action agencies that employ community health workers who provide services to people adversely affected by COVID-19. The act (1) directs \$6 million of the state’s federal ARPA funding to the program and (2) limits each grant to \$30,000 annually. DPH must report on the program by January 1, 2022, and again by January 1, 2024, to the Public Health and Human Services committees ([PA 21-2](#), JSS, §§ 36 & 37, effective upon passage).

COVID-19 Vaccination Status Information

A new law requires DPH, upon request, to provide to a person (or parent or guardian of a minor) information confirming that the person received the COVID-19 vaccination. It otherwise prohibits DPH from disclosing a person’s COVID-19 vaccination status to anyone else unless the person, parent, or guardian authorizes it ([PA 21-2](#), JSS, § 145, effective upon passage).

DDS-Related Statutes

A new law makes various changes to DDS-related statutes, such as allowing DDS regional or training school directors to consent to emergency medical treatment for an individual under their custody or control under the same conditions and procedures that already apply to emergency surgery ([PA 21-135](#), effective upon passage).

Limited Services Pregnancy Centers

A new law prohibits deceptive advertising by limited services pregnancy centers, which it defines as pregnancy services centers that do not directly provide, or provide referrals for, abortions or emergency contraception. Generally, the act applies to public statements about pregnancy-related services, or the provision of them, that the center knows or reasonably should know are deceptive.

The law allows the attorney general to bring court action against a center for a violation, provided he notifies the center in advance and allows 10 days for it to comply with the law before doing so. Among other things, the court can order the center to pay for and disseminate appropriate corrective advertising. If the court finds that the center violated the above prohibition, the state is entitled to civil penalties and reasonable attorney's fees ([PA 21-17](#), effective July 1, 2021).

Medical Malpractice Claims Against the State

For medical malpractice claims against the state, existing law allows the claimant to file with the claims commissioner the good faith certificate required for medical malpractice lawsuits. A new law specifies that for these claims, authorization to sue is deemed granted upon (1) the act's passage, if the certificate was filed before then, or (2) the certificate's filing, if it is filed after that. These provisions apply to timely medical malpractice claims (whenever filed) that remain pending ([PA 21-91](#), § 6, effective upon passage).

Syringe Exchange Machines

A new law allows registered syringe service programs, with DCP approval, to use secure, immobile machines to provide patients with up to 10 hypodermic needles and syringes at a time. The machines must identify individual patients and be equipped with a locked used needle disposal container, or one must be available near the machine ([PA 21-192](#), § 3, effective upon passage).

Pharmacy and Prescription Drugs

Collaborative Drug Therapy Management Agreements

By law, certain pharmacists may enter into written, protocol-based collaborative drug therapy agreements with physicians or APRNs to manage a patient's drug therapy. A new law specifies that (1) a pharmacist is also authorized to continue or deprescribe a drug therapy and (2) agreements may include guideline-directed management, rather than be patient-specific. It also allows an agreement to specifically address issues that may arise during medication reconciliation and concerns related to polypharmacy ([PA 21-192](#), §§ 1 & 4, effective upon passage).

Inactivating Controlled Substance Registrations

A new law allows DCP to immediately inactivate a practitioner's controlled substance registration if his or her license to practice, or related registration or approval, is inactive for more than 90 days. Prior law required DCP to notify the practitioner and hold an administrative hearing prior to taking such action. The new law specifies that an inactivation is not a disciplinary action and that the controlled substance registration must be reinstated without charge if the practitioner restores his or her license, registration, or approval to practice before it expires ([PA 21-37](#), § 44, effective October 1, 2021).

Opioid Use Disorder Pilot Program

A new law requires DMHAS to establish a pilot program in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder. The department must do this by January 1, 2022, and within available appropriations. Under the act, each participating community must form a team of at least two peer navigators who must, among other things, (1) travel throughout the community to address the health care and social needs of individuals with opioid use disorder and (2) complete regularly updated training on non-coercive and non-stigmatizing methods for engaging these individuals.

DMHAS must report by January 1, 2023, to the Public Health Committee on the pilot program, including its success and any recommendations for its continuation or expansion ([PA 21-113](#), § 1, effective July 1, 2021).

Pharmacist Consultations

A new law requires pharmacists or pharmacy employees, before or while dispensing a controlled substance, to offer for the pharmacist to counsel a patient on the drug and its use. Existing law already requires pharmacists and employees to do this for other dispensed drug types ([PA 21-37](#), § 47, effective upon passage).

Pharmacist-Prescribed Epinephrine Auto Injectors

A new law permits a pharmacist, once a year per patient and in his or her professional discretion, to issue and fill a prescription for up to two epinephrine auto injectors if the pharmacist, among other things, (1) confirms another pharmacy has dispensed the medication to the patient under a prescription within the past two years and (2) informs the patient's primary care provider after issuing the prescription ([PA 21-37](#), § 45, effective upon passage).

Reporting Opioid Agonists

Under certain conditions, a new law requires opioid agonists for treatment of a substance use disorder (e.g., methadone) to be uploaded into the electronic Prescription Drug Monitoring Program's database. The requirement applies to the previously exempt substance abuse treatment-related opioid agonist dispensers and administrators when the patient has consented to disclosure and it complies with federal substance abuse confidentiality regulations ([PA 21-192](#), § 5, effective July 1, 2022).

Sterile Compounding Facility Changes

A new law increases, from 10 to 45 days, the advance notice a compounding facility must give DCP when it plans to remodel or repair its sterile compounding facilities. It also requires emergency repairs to such facilities to be reported within 24 hours after they started, instead of as soon as possible as under prior law ([PA 21-37](#), § 46, effective upon passage).

Public Safety and Policing

CRISIS Initiative Expansion

A new law requires the State Police, in conjunction with DMHAS, to expand the Connection to Recovery through Intervention, Support, and Initiating Services Initiative pilot program (i.e., CRISIS Initiative) to Troop D. Additionally, the law establishes a task force to study the costs and benefits of expanding the pilot program throughout the state. The task force must report its findings to the Public Safety and Security Committee by January 1, 2022 ([PA 21-2](#), JSS, §§ 75 & 76, effective upon passage).

Gun Violence Intervention and Prevention Advisory Committee

A new law establishes a committee to advise the Public Health and Human Services committees on establishing a commission to coordinate the funding and implementation of programs and strategies to reduce street-level gun violence. Among other things, the committee must (1) identify effective, evidence-based community violence and gun violence reduction strategies and (2) identify funding opportunities for related initiatives. The committee must report its findings and recommendations by January 1, 2022 ([PA 21-35](#), § 9, effective upon passage).

Opioid Antagonist and Epinephrine Cartridge Injector Use

New legislation requires law enforcement units to (1) require their police officers to be trained in using opioid antagonists (e.g., Narcan) and (2) maintain a supply of these medications for officers to use in medical emergencies. A police officer who completes the training must be permitted to

carry opioid antagonists and administer them to an individual whom the officer believes in good faith is experiencing an opioid-related drug overdose.

The act also requires the Police Officer Standards and Training Council (POST), in consultation with the Department of Emergency Services and Public Protection and DPH, to convene a working group to study the feasibility of requiring police officers to carry epinephrine cartridge injectors (e.g., Epi-Pens) and administer them to an individual whom the officer believes in good faith is experiencing anaphylaxis. POST must submit a report on the working group's findings and recommendations to the Public Safety and Security Committee by January 1, 2023 ([PA 21-108](#), effective upon passage).

Risk Warrants and Risk Protection Orders

Existing law allows any two police officers or a state's attorney or assistant state's attorney, under limited circumstances, to apply to court for a warrant ("risk warrant") to seize firearms and ammunition from someone who poses an imminent risk of injuring himself or herself or someone else. This year, the legislature expanded this law's scope to, among other things, allow adult family or household members or certain medical professionals to apply to court for a risk protection order investigation ([PA 21-67](#), effective June 1, 2022).

Racial Disparities

Commission on Racial Equity in Public Health

A new law declares that racism is a public health crisis in Connecticut and will continue to be a crisis until the state meets the goal of reducing, by at least 70%, racial disparities in specified indicators in education, health care utilization and outcomes, criminal justice, and economic matters.

The act establishes a Commission on Racial Equity in Public Health within the Legislative Department. Among other duties, the commission must:

1. develop and periodically update a comprehensive strategic plan to eliminate health disparities and inequities across sectors;
2. engage with a diverse range of community members who experience health inequities to make ongoing recommendations on several matters (e.g., to address structural racism in the state's laws and regulations impacting public health); and
3. determine best practices for state agencies to (a) evaluate structural racism within their policies, practices, and operations and (b) create and implement a plan to eventually eliminate any such structural racism within the agency ([PA 21-35](#), §§ 1-4, effective upon passage).

Demographic Data Collection

Starting January 1, 2022, a new law establishes requirements for state agencies or state entities that collect demographic data related to health care or public health. For example, they must (1) expand race and ethnicity categories to include subgroup identities as specified by the Office of Health Strategy's (OHS) Community and Clinical Integration Program and (2) allow people to select one or more ethnic or racial designations or refuse to identify such designations.

The act requires certain health care providers to collect and include in their EHR systems self-reported patient demographic data using certain standards. Finally, the act requires OHS to (1) by August 1, 2021, create a plan to implement these provisions and (2) review demographic changes and health data and reevaluate the standard race and ethnicity categories ([PA 21-35](#), § 11, effective upon passage).

Health Care Preparation Program Evaluation

A new law requires the Office of Higher Education (OHE), in collaboration with the Board of Regents for Higher Education and UConn's Board of Trustees, to evaluate the (1) recruitment and retention of people of color in health care preparation programs offered by the constituent units of the state system of higher education and (2) the inclusion of cultural humility education in these programs. By January 1, 2022, OHE must report on the evaluation and related recommendations to the Higher Education and Employment Advancement Committee ([PA 21-35](#), § 7, effective upon passage).

Maternal Mortality Review Committee Reporting

A new law requires DPH's Maternal Mortality Review Committee, starting by January 1, 2022, to annually report disaggregated data on its investigations to the Public Health Committee. The reports may also include recommendations to reduce or eliminate racial inequities and other public health concerns about maternal mortality and severe maternal morbidity in the state ([PA 21-35](#), § 12, effective upon passage).

Recruitment and Retention Program Study

A new law requires the DPH commissioner to study the development and implementation of a program to recruit and retain health care workers in the state who are people of color. She must report on the study's results and related legislative recommendations to the Public Health Committee by February 1, 2022 ([PA 21-35](#), § 5, effective upon passage).

Smoking and Vaping

Clean Indoor Air Act

A new law extends existing law's prohibition on smoking and e-cigarette use in certain establishments and public areas to include cannabis, hemp, and electronic cannabis delivery systems (ECDS). It expands the prohibited locations to include, among others, correctional facilities, all areas of psychiatric facilities, and retail establishments accessed by the public. It also extends existing signage requirements and penalties for smoking and e-cigarette use to smoking cannabis and hemp and using ECDS ([PA 21-1](#), JSS, §§ 86 & 87, effective October 1, 2021).

Workplace Smoking Ban

Subject to certain exclusions, a new law requires employers to ban smoking (whether tobacco, cannabis, or hemp) and e-cigarette use in any area of the workplace, regardless of the number of employees. Under prior law, an employer was required to make certain smoking and non-smoking room accommodations, depending on the employer's size ([PA 21-1](#), JSS, § 88, effective October 1, 2021).

Studies, Task Forces, and Working Groups

Breast Health and Breast Cancer Awareness

A new law requires the Public Health Committee chairpersons to convene a working group to advance breast health and breast cancer awareness and promote greater understanding of the importance of early breast cancer detection (including for young women of color and high school students). By February 1, 2022, the group must submit its recommendations to the Public Health Committee ([PA 21-35](#), § 14, effective upon passage).

Chronic Kidney Disease Advisory Committee

A new law establishes a chronic kidney disease advisory committee to, among other things, work with policymakers, public health organizations, and educational institutions to increase awareness of chronic kidney disease and develop related educational programs. Beginning by January 1, 2022, the committee must annually report its findings and recommendations to the Public Health Committee ([PA 21-156](#), effective upon passage).

COVID-19 State Response Study

A new law requires DPH to study the state's COVID-19 response. The commissioner must submit a preliminary report of the study's findings to the Public Health Committee by February 1, 2022. Among other things, the report may include recommendations on policy and legislative changes

needed to improve the state’s response to future pandemics, including laws or regulations that should automatically be waived in the event of a pandemic-related public health emergency ([PA 21-35](#), § 10, effective upon passage).

Doula Scope of Practice Review

A new law requires the DPH commissioner to conduct a scope of practice review, according to existing scope of practice review processes, to determine whether DPH should establish a state certification process for doulas. By February 1, 2022, the commissioner must report the committee’s findings and any recommendations to the Public Health Committee ([PA 21-35](#), § 15, effective upon passage).

Future Health Coverage Expansions

A new law requires the OHS executive director to study the feasibility of offering health coverage for (1) income-eligible children ages 9 to 18, regardless of immigration status, and (2) adults with household income up to 200% of FPL who do not currently qualify for medical assistance due to household income. The executive director must report on the studies to the Appropriations, Human Services, and Insurance and Real Estate committees by July 1, 2022 ([PA 21-176](#), § 5, effective upon passage).

Interstate Licensure Compact Working Groups

A new law requires the DPH commissioner to (1) convene working groups to determine whether Connecticut should join any interstate licensure compacts and (2) report to the Public Health Committee on the groups’ recommendations by January 15, 2022 ([PA 21-152](#), § 2, effective July 1, 2021).

Licensure Testing Report

A new law requires the DPH commissioner to report on whether it would be in the state’s best interest to (1) replace any state exams for DPH-credentialed professionals with tests by national organizations that DPH deems acceptable and (2) reduce any experience and training requirements while increasing testing of applicants’ knowledge or skills. She must report to the Public Health Committee by January 15, 2022 ([PA 21-152](#), § 3, effective July 1, 2021).

Peer Support Services Task Force

This year, the legislature established a task force to study peer support services and encourage health care providers to use these services when providing patient care. Under the act, “peer support services” are nonmedical mental health care and substance use services provided by peer

support specialists. The task force must report its findings and recommendations to the Public Health Committee by January 1, 2022 ([PA 21-35](#), § 18, effective upon passage).

Physician Practices and Merger Oversight Study

A new law requires OHS, within available appropriations, to (1) study certain matters regarding physician practices and oversight of practice mergers and acquisitions and (2) develop legislative recommendations to improve reporting and oversight of these transactions. The OHS executive director must report to the Public Health Committee by February 1, 2023 ([PA 21-129](#), § 5, effective upon passage).

Provider Payment Parity Study

A new law requires the DSS commissioner, in collaboration with the DMHAS and Housing commissioners, to study whether state-contracted human services providers, including physical and behavioral health services providers, receive disparate payment rates under programs they administer in different regions of the state. The DSS commissioner must report on the study and any rate adjustment recommendations to the Appropriations, Housing, Human Services, and Public Health committees by November 1, 2021 ([PA 21-148](#), § 11, effective upon passage).

Psilocybin Working Group

A new law requires DMHAS to convene a working group to study the health benefits of psilocybin, the chemical compound obtained from certain types of hallucinogenic mushrooms. Under the act, the study must examine whether using psilocybin under the direction of a health care provider may benefit a person's physical or mental well-being. The working group must report its findings and recommendations to the Public Health Committee by January 1, 2022 ([PA 21-26](#), § 9, effective upon passage).

School-Based Health Center Working Group

A new law establishes a working group to develop recommendations for the strategic expansion of school-based health center (SBHC) services in the state. Among other things, the group must consider (1) specific regions where additional SBHCs may be needed, (2) options to expand their services and insurance reimbursement, and (3) ways to provide additional support for SBHCs to expand telehealth services. By February 1, 2022, the group must report its findings and recommendations to the Public Health and Appropriations committees ([PA 21-35](#), § 16, effective upon passage).

Telehealth

Telehealth Expansion

In response to the COVID-19 pandemic, the governor issued several executive orders in spring 2020 modifying the practice of telehealth to ensure residents had continued access to care. During the July 2020 Special Session, the legislature enacted [PA 20-2](#), which temporarily codified several provisions of the governor's orders until March 15, 2021.

A new law extends these telehealth provisions until June 30, 2023. Among other things, it continues to (1) expand the types of health professionals authorized to provide telehealth services, (2) expand allowable service delivery methods (e.g., telephone-only services), (3) establish requirements for telehealth providers seeking payment from underinsured and uninsured patients, and (4) expand requirements for insurance and Medicaid coverage of telehealth services ([PA 21-9](#), as amended by [PA 21-133](#), §§ 3 & 4, effective upon passage).

Various Revisions

In addition to the sections described above, [PA 21-121](#), *An Act Concerning DPH's Recommendations Regarding Various Revisions to the Public Health Statutes*, makes other miscellaneous changes to health-related laws, such as changes affecting nursing home administrators, lead home inspections, and the Palliative Care Advisory Council.

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