

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 19-98—sSB 921

Public Health Committee

AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

SUMMARY: This act adds advanced practice registered nurses (APRNs) to various statutes that previously only referenced physicians or, in certain cases, other health care providers. In doing so, in some cases the act grants APRNs the specific authority to perform certain actions that prior law generally reserved for physicians, such as entering into a collaborative drug therapy management agreement with a pharmacist.

Among other topics, the act's provisions address matters related to insurance, workers' compensation, and behavioral health. In a few cases, the act's provisions apply only to APRNs who are certified as psychiatric mental health providers.

The act also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2019

PROVISIONS EXTENDED TO INCLUDE APRNS

The act specifically references APRNs or makes related changes in the statutes as listed in the table below. Prior law generally only referenced physicians (or in some cases, other providers) in these statutes.

Statutory References Extended to APRNs Under the Act

§	Brief Description
Behavioral Health	
1	Allows certain APRNs to authorize emergency treatment for a child hospitalized for psychiatric disabilities if parental consent is withheld or immediately unavailable and the APRN determines that treatment is necessary to prevent serious harm This provision applies only to an APRN certified as a psychiatric mental health provider by the American Nurses Credentialing Center (ANCC)
24 & 25	Applies the same rules to APRNs certified as psychiatric mental health providers by the ANCC that already apply to psychiatrists on confidentiality of patient communications (see BACKGROUND; as under existing law, other APRNs must comply with CGS § 52-146o, on confidential communications between health care providers and patients)
Workers' Compensation	
2	Allows certain APRNs to diagnose a firefighter with post-traumatic stress disorder after the firefighter witnessed the death of another firefighter in the

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	<p>line of duty, for purposes of certain workers' compensation benefits (existing law already applies to licensed and board-certified mental health professionals)</p> <p>This provision applies only to an APRN certified as a psychiatric mental health provider by the ANCC</p> <p>(PA 19-17, § 12, repeals this section)</p>
3-4 & 6	<p>Allows APRNs to treat injured employees involved in workers' compensation cases by (1) specifically allowing the Workers' Compensation Commission Chairman to add APRNs to the list of approved providers and (2) making related changes</p>
5	<p>Allows APRNs to conduct physical exams for municipal firefighters and police officers on entry to service that may be used in future workers' compensation claims involving cardiac emergencies</p>
Health Insurance	
7	<p>Prohibits contracts between insurers and APRNs or other nurses from having an indemnification agreement for specified claims</p>
8	<p>Requires health insurers to cover residential mental health services provided by APRNs in the same manner as those services provided by physicians and psychologists, and makes related changes (existing law already requires insurers to cover mental health services provided by APRNs in the same manner as services provided by physicians or psychologists)</p> <p>Specifies that an APRN's patient referral provides an exception to the general rule that HMOs are not required to provide benefits for mental health services at facilities not affiliated with the HMO</p>
9 & 12	<p>Allows APRNs to diagnose significant changes in a patient's diabetes symptoms for purposes of requiring insurers to cover medically necessary diabetes outpatient self-management training and education</p>
10	<p>Updates terminology and makes technical changes in a statute requiring health insurers to cover APRN services</p>
18	<p>Allows APRNs to order neuropsychological testing of a child with cancer to assess cognitive or development delays due to treatment, for purposes of providing coverage under HUSKY without prior authorization</p>
Health Care Facility Admissions	
16	<p>Allows APRNs to apply for a child's admission to Newington Children's Hospital (now Connecticut Children's Medical Center) and APRNs working at the hospital to determine whether the child is suitable for admission</p>
17	<p>Allows APRNs to apply for a child's admission to The Children's Center in Hamden, and APRNs working at the center to determine whether the child is suitable for admission</p>
Medical and Vital Records	
11 & 13	<p>Specifies that patient mammography reports must inform patients that their results were sent to their APRN or physician and that the patient should</p>

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	contact them with questions
14	Specifies that, for purposes of the law on patients applying to court for access to their hospital records, a patient's APRN may examine the records
15	Allows APRNs to access the "administrative purposes" section of a death certificate to process it, if the APRN is listed on the certificate
21	Allows APRNs to access and request tissue slides on a patient's behalf
Miscellaneous	
19	Requires the Department of Public Health (DPH) to distribute its list of reportable diseases to APRNs, in addition to physicians and clinical laboratories as required under existing law
20	Allows APRNs to apply for services to be performed at DPH state laboratories
22 & 23	Allows APRNs to enter into a written protocol-based collaborative drug therapy management agreement with a pharmacist to manage individual patients' drug therapy
26	Applies to APRNs the existing statute of limitations for malpractice actions against physicians or certain other providers (since the same statute of limitations already applies to personal injury cases generally, this provision does not change the statute of limitations for malpractice cases against APRNs)

BACKGROUND

Psychiatrists' Disclosure of Patient Communications

Existing law generally prohibits a psychiatrist from disclosing communications concerning a patient's mental health condition without the written consent of the patient or his or her authorized representative. But the law permits disclosure without consent in certain situations, such as:

1. to other people or another mental health facility engaged in diagnosing or treating the patient, if the disclosure is necessary for diagnosis or treatment;
2. when the psychiatrist determines that there is a substantial risk of imminent physical injury by the patient, or disclosure is necessary to place the patient in a mental health facility; or
3. the disclosure is in connection with a civil proceeding in which the patient introduces his or her mental condition as part of his or her claim or defense (CGS § 52-146f).